



**MARCH 15-17, 2026**

CRYSTAL GATEWAY MARRIOTT HOTEL  
ARLINGTON, VIRGINIA

# Substitution Request

Please email your completed Substitution Request form to [napshq@naps.org](mailto:napshq@naps.org).

**All requests must be received by March 6, 2026.**

## Original Registrant

\*First Name:

\*Last Name: \_\_\_\_\_

\*Branch #:

\*Registrant Type (Check One):      Delegate      Auxiliary      Guest

## New Registrant

\*First Name on Badge:

\*First Name:

\*Last Name: \_\_\_\_\_

\*Registrant Type (Check One): Delegate Auxiliary Guest

\*Home Address: \_\_\_\_\_

\*City, State Zip Code: \_\_\_\_\_

\*City Displayed on Badge: \_\_\_\_\_ State Displayed on Badge: \_\_\_\_\_

\*Phone#:

**\*Attendee's Email Address (Non-Postal email only. NOTE: May only be used once to register):**

Branch Email Address (Optional):

First Time LTS Attendee:      Yes      No

State Legislative Chair:      Yes      No      If Yes, State: \_\_\_\_\_ Branch \_\_\_\_\_  
#:

State President:                      Yes      No                      If Yes, State: \_\_\_\_\_ Branch \_\_\_\_\_  
#:

Branch Legislative Rep:      Yes      No      If Yes, State: \_\_\_\_\_ Branch  
#: