## **Substitution Request**

Please email your completed Substitution Request Form to <a href="mapshq@naps.org">napshq@naps.org</a>.

All requests must be received by March 17, 2023.

## **ORIGINAL REGISTRANT:**

*First Name:					
*Last Name:					
*Branch #:					
*Registrant Type (Check One	e):	Delegate	Auxiliary	Guest	
NEW REGISTRAN	IT:				
*First Name on Badge:			<del></del>		
*First Name:					
*Last Name:					
*Registrant Type (Check One	e):	Delegate	Auxiliary	Guest	
*Home Address:					
*City, State Zip Code:					
*City Displayed on Badge:			*State Displayed on Badge:		
*Phone#:	*B1	ranch #:	<del></del>		
*Attendee's Email Address: (NOTE: May only be used o	nce to reg	ister; non-pos	tal email only)		
Branch Email Address (Option	onal):				
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 Ren:	Yes	No	If Yes, State:		Branch #: