



2016 Region IX VPPPA Safety Summit

Liability Waiver: By submitting this registration form, the registrant releases any photographs that may be incidentally taken of them by the region during these events to be used for any purpose.

Indemnification: Conference attendees and guests, to the extent permitted by law, agree to indemnify VPPPA and its officers, directors, agents, and employees, of and from all claims, demands, or suits for personal injury or property damage, including costs and attorney fees, in any way arising out of or related to third party claims based on indemnifying party's negligent acts or omissions in connection with this event.

Region IX website for the event:

<http://www.regionixvpppa.org/index.html#summit>

Date(s) of conference events: April 25 - 29, 2016

Official 1st day of conference: April 26, 2016

Official conclusion of conference: April 28, 2016

Pre-Conference Workshops/Activities: April 25, 2016

Post-Conference Workshops/Activities: April 29, 2016

Event Location:

Sheraton Wild Horse Pass Resort and Spa

5594 West Wild Horse Pass Road

Chandler, AZ 85226

Website: www.wildhorsepassresort.com

Other Hotel Information

Hotel Room Rate: \$169

Discount Code: HAU19

Government Rate: "prevailing government rate"

Toll Free Reservations #: (888) 218-8989

Website:

<https://www.starwoodmeeting.com/Book/SafetySummit2016>

Reservation Deadline: 04/04/16

Registration Policy: The pre-registration deadline is April 11, 2016. After this date, registrations will be accepted

onsite.

Cancellation Policy: Refunds are not permitted; however, substitutions are encouraged.

Substitution Policy: Substitutions are accepted.

No-Shows: Refunds are not granted for no-shows.

Electronic Recording Policy: No audio or video recording is permitted.

Conference Questions/Special Assistance:

Primary Conference Contact:

Terry Schulte

Phone: (707) 567-6885

Email: Terry.Schulte@nustarenergy.com

Secondary Conference Contact(s):

Dan Lazorcak

Phone: (480) 592-7513

Email: Daniel.Lazorcak@honeywell.com

Jennifer Sanchez

Phone: (480) 592-4464

Email: Jennifer.Sanchez@honeywell.com

Primary Exhibit Sales Contact:

Carlos Cardoso

Phone: (775) 971 - 5110

Fax: (216) 774 - 1943

Email: Carlos.Cardoso@sherwin.com

OSHA SGE Class

Application Deadline: 1/15/16

April 23-25, 2016

(Prior to the Region 9 VPPPA Regional Conference)

Sheraton Wild Horse Pass

Chandler, AZ

If you are interested, please visit the OSHA SGE Website at <https://www.osha.gov/dcsp/vpp/sge.html> for further details.

Questions Regarding Registration: Contact VPPPA at (703) 761-1146 or Registration@vpppa.org.



2016 Region IX VPPPA Safety Summit
April 26 – April 28, 2016
Sheraton Wild Horse Pass Resort and Spa
Chandler, AZ



Please complete the registration form including signature and payment information. Use one registration form per person. This form may be copied for additional registrations. Registrations will not be processed without full payment and registrant's full name. VPPPA Tax ID# 54-1598954. *Please write legibly.*

Registration Type/Fee Category

For Office Use (SUBS, ETC):

Check the appropriate fee category. Please refer to the Registration Policies and Procedures on the previous page for registration type.

	Early, By 2/12/2016 MEMBER / NONMEMBER	Regular, By 4/8/2016 MEMBER / NONMEMBER	Late/Onsite, After 4/8/2016 MEMBER / NONMEMBER
<input type="checkbox"/> Conference/Summit Only Registration	\$435 / \$485	\$535 / \$585	\$635 / \$685
<input type="checkbox"/> One-Day Conference Only Registration Select Day: <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	\$200 / \$225	\$225 / \$250	\$250 / \$275
<input type="checkbox"/> Conference/Summit & Pre-Conference Workshop Package: VPP Application Workshop® (April 25)	\$585 / \$660	\$685 / \$760	\$785 / \$860
<input type="checkbox"/> Pre/Post Conference Workshop Only Registration: Select a workshop you would like to attend			
<input type="checkbox"/> VPP Application Workshop® (April 25)	\$225 / \$250	\$250 / \$275	\$275 / \$300
<input type="checkbox"/> VPP Recertification Workshop (April 29)	\$100 / \$125	\$125 / \$150	\$150 / \$175
<input type="checkbox"/> Speaker Conference Registration	\$375	\$375	\$375
<input type="checkbox"/> OSHA/DOE Conference Registration	\$400	\$400	\$400
<input type="checkbox"/> Golf	\$110.00 X Total Golfers _____ = \$ _____		

***Indicates required fields.**

* ☐ YES, I am a VPPPA Member. 6-digit membership number* _____ ☐ NO, I am not a VPPPA Member.

Please indicate if your site participates in one of these programs: ☐ VPP ☐ SHARP

Attendee Contact Information

Prefix* ☐ Dr. ☐ Miss. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Rev. ☐ The Honorable

First Name* _____ Middle Initial _____

Last Name* _____ Suffix _____

Designation(s): (i.e. CSP, OHST) _____

Badge Nickname _____

Job Title* _____

Do you as an individual belong to any recognized bargaining units?*

☐ Yes ☐ No If you would like them to appear on your badge, please list:

Company/Org* _____

No acronyms, use proper name

Address* _____

City* _____ State* _____ Zip* _____

Phone* _____ Fax _____

Email* _____

Only registrants who provide an email address will receive confirmation of their registration.

Additional Email _____

If you would like a receipt to be sent to someone other than the attendee, provide an additional email

Method of Payment

Total Payment \$ _____

☐ Check enclosed: Check # _____
(payable to VPPPA, Inc.)

☐ Visa ☐ MC ☐ AMEX ☐ Discover

Card # _____

Exp Date _____

Cardholder's Name _____
(exactly as it appears on card)

Signature _____

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Please return your form with payment:

Credit Card & Check Payments: for cards, fax to (703) 761-1148; For checks/cards, mail to VPPPA, Inc., 7600-E Leesburg Pike, Suite 100, Falls Church, VA 22043-2004.

Conference Questions/Special Assistance: Visit the Region IX Page at <http://www.regionixvpppa.org/index.html#summit>.

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