

Region I VPPPA Registration Policies and Procedures



How to Register

Please use the correct address for your site/plant/corporation/ facility/office. Do not use your home address.

Register online:

<http://www.vpppa.org/proxy/registration.php?eventID=5386>

Fax: Payment Information can be faxed to (703) 761-1148.

Mail: Mail registration form with payment to:

VPPPA, Inc.
7600-E Leesburg Pike
Suite 100
Falls Church, VA 22043-2004

All payments must include registration form(s).

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.

Website for the event: <http://vppregion1.com/>

Date(s) of conference events: May 15-17, 2017

Official 1st day of conference: May 15, 2017

Official conclusion of conference: May 17, 2017

Pre-Conference Workshops/Activities: May 15, 2017

Event Location:

Killington Grand Resort & Conference Center
228 E. Mountain Rd.
Killington, VT 05751

Other Hotel Information:

Hotel Room Rate: \$122.00 and higher plus taxes

Discount Code: VPPPA 2017 Conference

Government Rate: \$122.00 and higher plus taxes

Direct Reservations #: 1 (800) 282-9955

Website: www.killington.com

Reservation Deadline: April 10, 2017

Group Discount: Five or more registrants from the same site may receive a 10% discount. Each registrant must complete a separate registration form and all registrants must submit forms at the same time via mail, in one envelope, or fax, in one transmission, to receive this benefit. Online registration is not available for the group discount.

Registration Policy: The pre-registration deadline is May 1, 2017. After this date, attendees are invited to register onsite.

Substitution Policy: Substitutions are accepted at no cost by May 1, 2017. After, this date, a \$25 processing fee will be charged to the registrant.

Cancellation Policy: Cancellations request must be received by April 15, 2017 and a \$50.00 processing fee will be charged per registrant. Requests received after this date will be denied. Cancellations may be processed post-conference within 30 business days.

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:

Stephen Gauthier

Phone: (781) 594 -3118

Fax: (781) 594 - 0257

Email: Stephen.gauthier@ge.com

Secondary Conference Contact(s)

Karen Girardin

Phone: (207) 552 - 4909

Email: kgirardin@llbean.com

Primary Exhibit Sales Contact:

Michel Avery

Phone: (413) 526-2336

Fax: (413) 526 - 4473

Email: Michael.Avery@cartamundi.com

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



2017 Region I VPPPA Conference
May 15 - 17, 2017
Killington Grand Resort & Conference Center
Killington, VT



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. See Registration Policies and Procedures for more information. VPPPA Tax ID# 54-1598954. *Please write legibly.*

Check the appropriate Fee Category. Please refer to the Registration Policies and Procedures on the previous page for registration type definitions.

Conference Registration Types	Early	Regular	Late/Onsite
	By 3/15/17	By 4/22/17	After 4/22/17
	Member / Nonmember	Member / Nonmember	Member / Nonmember
<input type="checkbox"/> Conference Registration	\$300.00 / \$350.00	\$350.00 / \$400.00	\$425.00 / \$475.00
<input type="checkbox"/> Speaker	\$250.00	\$250.00	\$250.00
<input type="checkbox"/> DOE/OSHA	\$300.00	\$350.00	\$425.00
<input type="checkbox"/> Group Discount: 10%	\$270.00 / \$315.00	\$315.00 / \$360.00	\$382.50 / \$427.50
Pre-conference Workshops			
<input type="checkbox"/> VPP Application Workshop (7 HRS, includes lunch), Monday, May 15	\$50.00 / \$100.00	\$50.00 / \$100.00	\$100.00 / \$150.00
<input type="checkbox"/> Mediation Workshop (8 HRS, includes lunch), Monday, May 15	\$50.00 / \$150.00	\$50.00 / \$150.00	\$100.00 / \$200.00
<input type="checkbox"/> Magical Moment of Employee Engagement (2 HRS) presented by Raytheon Monday, May 15	\$25.00 / \$100.00	\$25.00 / \$100.00	\$50.00 / \$150.00

***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 Discovery

Card # _____

Exp Date _____

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

Signature _____

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

Please return your form with payment:

Check or Credit Card Payments:
VPPPA, Inc.
 7600-E Leesburg Pike
 Suite 100
 Falls Church, VA 22043-2004

Or, fax credit card information to **(703) 761-1148.**