



## 2019 Region IX VPPPA Safety Summit



### 2019 Region IX VPPPA Safety Summit Pricing, Policies, and Procedures

#### Region IX website for the event:

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

**Date(s) of summit events:** April 13 - 19, 2019

**Official 1st day of summit:** April 16, 2019

**Official conclusion of summit:** April 18, 2019

**Pre-Summit Workshops/Activities:** April 15, 2019  
(VPP Application Workshop)

**Post-Summit Workshops/Activities:** April 19 (VPP Recertification Workshop)

#### Event Location:

JW Starr Pass Marriott  
3800 W Starr Pass Blvd  
Tucson, AZ 85745

#### Other Hotel Information

Hotel Room Rate: \$185

Discount Code: When calling, mention "Region 9 VPPPA" or use online reservation link for discounted rates

Online Reservation

Link: <https://book.passkey.com/go/VPPPAAttendees>

Government Rate: As Per Diem

Government Online Reservation

Link: <https://book.passkey.com/go/VPPPAGovernment>

Toll Free Reservations #: 1-877-622-3140

Reservation Deadline: 3/21/2019

**Registration Policy:** The pre-registration deadline is April 2, 2019. 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.

#### Summit Questions/Special Assistance:

Primary Registration Contact:

Jennifer Sanchez

Phone: (480) 592-4464

Email: [info@regionixvpppa.org](mailto:info@regionixvpppa.org)

Secondary Registration Contact:

Gilbert Aceves

Phone: (310) 615-6004

Email: [info@regionixvpppa.org](mailto:info@regionixvpppa.org)

#### Exhibit Booth Sales:

Primary Exhibit Sales Contact:

Don Bracken

Phone: (520) 794-4952

Email: [william\\_d\\_bracken@raytheon.com](mailto:william_d_bracken@raytheon.com)

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

**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:** Summit 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.

**Code of Conduct:** VPPPA is dedicated to providing a harassment-free experience for everyone and does not tolerate harassment of symposium participants in any form. Sexual language and imagery is not appropriate for any event venue, including talks, workshops, parties, print publication, social media and other online mediums. Participants violating these rules may be sanctioned or expelled from this event without a refund at the discretion of the organizers. Harassment includes offensive verbal comments related to gender, gender identity and expression, age, sexual orientation, disability, physical appearance, body size, race, ethnicity, religion, technology choices, sexual images in public spaces, deliberate intimidation, stalking, following, screaming, harassing photography or recording, sustained disruption of talks or other events, inappropriate physical contact, and unwelcome sexual attention. Participants, sponsors, exhibitor booth personnel or guest asked to stop any harassing behavior are expected to comply immediately.



# 2019 Region IX VPPPA Safety Summit

April 16 – 18, 2019  
JW Starr Pass Marriott  
Tucson, 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 Region IX Tax ID #91-2130596. *Please write legibly.*

*For Office Use or As Authorized (SUBS, ETC):*

## Registration Type/Fee Category

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

	Early, By 1/10/2019 MEMBER / NONMEMBER	Regular, By 4/2/2019 MEMBER / NONMEMBER	Late/Onsite, After 4/2/2019 MEMBER / NONMEMBER
<input type="checkbox"/> <b>Summit Only Registration</b>	\$350 / \$450	\$550 / \$650	<b>\$650 / \$750</b>
<input type="checkbox"/> <b>One-Day Summit Only Registration</b> Select One Day: <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	\$225 / \$325	\$250 / \$350	<b>\$300 / \$400</b>
<input type="checkbox"/> <b>Summit &amp; Pre-Summit Workshop Package:</b> VPP Application Workshop® (April 15)	\$500 / \$600	\$700 / \$800	<b>\$800 / \$900</b>
<input type="checkbox"/> <b>Pre/Post Summit Workshop ONLY Registration:</b> Select a workshop you would like to attend			
<input type="checkbox"/> VPP Application Workshop® (April 15)	\$225 / \$325	\$250 / \$350	<b>\$300 / \$400</b>
<input type="checkbox"/> VPP Recertification Workshop (April 19)	\$100 / \$200	\$125 / \$225	<b>\$150 / \$250</b>
<input type="checkbox"/> <b>Speaker Summit Registration</b>	\$250 / \$350	\$400 / \$450	<b>\$400 / \$450</b>
<input type="checkbox"/> <b>DOE/DOD/OSHA Summit Registration</b>	\$250 / \$350	\$400	<b>\$400</b>

\*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 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  MasterCard  American Express  Discover

Card # \_\_\_\_\_

Exp Date \_\_\_\_\_

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

Signature \_\_\_\_\_

**Agreement:** By submitting this registration form, you agree to the event pricing, policies, and procedures as noted other page of this form.

### 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.

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