



## 2018 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:** 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.

**Region IX website for the event:**<http://www.regionixvpppa.org/index.html#summit>

**Date(s) of Summit Events:** March 13 - 15, 2018

**Official 1st day of Summit:** March 13, 2018

**Official conclusion of Summit:** March 15, 2018

**Pre-Summit Workshops/Activities:** March 12, 2018

**Post-Summit Workshops/Activities:** March 16, 2018

### Event Location:

Hyatt Regency La Jolla at Aventine

3777 La Jolla Village Drive

San Diego, CA 92122

Website:

<https://lajolla.regency.hyatt.com/en/hotel/home.html>

### Other Hotel Information

Hotel Room Rate: \$195

Discount Code: VPPPA or Region IX Safety Summit

Government Rate: \$162

Toll Free Reservations #: 1-888-421-1442

Online Reservation

Link: <https://aws.passkey.com/event/49230370/owner/12331/landing?gtid=c8ab0410512cfb507b045bc2195473d6>

Reservation Deadline: 02/21/18

**Registration Policy:** The pre-registration deadline is February 27, 2018. 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: [Jennifer.sanchez@honeywell.com](mailto:Jennifer.sanchez@honeywell.com)

Secondary Registration Contact:

Gilbert Aceves

Phone: (310) 615-6004

Email: [gilberto.aceves@nrgenergy.com](mailto:gilberto.aceves@nrgenergy.com)

Primary Exhibit Sales Contact:

Carlos Cardoso

Phone: (775) 971-5110

Fax: (216) 774 - 1943

Email: [carlos.cardoso@sherwin.com](mailto:carlos.cardoso@sherwin.com)

### OSHA SGE Class:

Application Deadline: 1/15/18

March 10 - 12, 2018

(Prior to the 2018 VPPPA Region IX Safety Summit)

Hyatt Regency La Jolla at Aventine

3777 La Jolla Village Drive

San Diego, CA 92122

If you are interested, please visit the OSHA SGE Website at [https://www.osha.gov/dcsp/vpp/sge/sge\\_training.html](https://www.osha.gov/dcsp/vpp/sge/sge_training.html) for further details.

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



**2018 Region IX VPPPA Safety Summit**  
**March 13 - 15, 2018**  
**Hyatt Regency La Jolla at Aventine**  
**San Diego, CA**



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 1/10/2018 MEMBER / NONMEMBER	Regular, By 2/23/2018 MEMBER / NONMEMBER	Late/Onsite, After 2/23/2018 MEMBER / NONMEMBER
<input type="checkbox"/> <b>Summit Only Registration</b>	\$250 / \$350	\$550 / \$650	\$650 / \$750
<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	\$300 / \$400
<input type="checkbox"/> <b>Summit &amp; Pre-Summit Workshop Package:</b> VPP Application Workshop® (March 12)	\$400 / \$500	\$700 / \$800	\$800 / \$900
<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® (March 12)	\$225 / \$325	\$250 / \$350	\$300 / \$400
<input type="checkbox"/> VPP Recertification Workshop (March 16)	\$100 / \$200	\$125 / \$225	\$150 / \$250
<input type="checkbox"/> <b>Speaker Summit Registration</b>	\$250 / \$350	\$400 / \$450	\$400 / \$450
<input type="checkbox"/> <b>OSHA/DOE Summit Registration</b>	\$250 / \$350	\$400	\$400
<input type="checkbox"/> <b>Golf Add-On*</b>	\$250 per golfer	\$250 per golfer	\$250 per golfer

\*If adding on Golf, list all golfers (first and last name separated by comma) in the *For Office Us or As Authorized* area at top of form

**\*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 \_\_\_\_\_

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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.

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

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