Substitution Request

Please email your completed Substitution Request form to napshq@naps.org.

All requests must be received by March 28, 2025.

Original Registrant							
*First Name:							
*Last Name:							
*Branch #:							
*Registrant Type (Check One):			Delega	ite	Auxiliary	Guest	
New Registrant							
*First Name on Badge:							
*First Name:							
*Last Name:							
*Registrant Type (Check One):			Delega	ite	Auxiliary	Guest	
*Home Address:							
*City, State Zip Code:							
*City Displayed on Badge:				State I	Displayed on I	Badge:	
*Phone#:							
*Attendee's Email Address register):	`		•			e used onc	e to
Branch Email Address (Opt	ional): _						
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 Rep:	Yes	No		If Yes,	State:	Branch	1