This form is for substitute registration changes only—No new reservations. Form should be brought with substitute attendees the day of the conference.

☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs.  Last Name ____________________________  First Name ____________________________

University/Organization ___________________________________________________________________________

Department/Discipline ___________________________________________________________________________

Position Title __________________________________________________________________________________

Business Mailing Address __________________________________________________________________________

Phone ____________________________  E-mail Address ____________________________

☐ Faculty  ☐ Undergraduate Student  ☐ Graduate Student  ☐ Doctoral  ☐ Masters

☐ Administrator  ☐ Other: ________________

☐ Post-doc

Are you a vegetarian?  ☐ Yes  ☐ No

Request for Personal Information (Optional)

GENDER  ☐ Female  ☐ Male

ETHNICITY  ☐ Hispanic/Latino  ☐ Not Hispanic/Latino

RACE:

☐ American Indian  ☐ Native Hawaiian or Other Pacific Islander

☐ Asian  ☐ White

☐ Black  ☐ Other ________________

DISABILITY STATUS:

☐ Hearing Impairment  ☐ Mobility/Orthopedic Impairment

☐ Visual Impairment  ☐ Other: ________________

☐ None

CITIZENSHIP:  ☐ U.S. Citizen  ☐ Non U.S. Citizen

NON-U.S. CITIZENS ONLY: Permanent Resident Status in the United States:  ☐ Yes  ☐ No

If not a permanent resident, Country of Citizenship: ________________