



## 2017 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:** 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.

**Region IX website for the event:**

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

**Date(s) of conference events:** April 4 - 6, 2017

Official 1st day of conference: April 4, 2017

Official conclusion of conference: April 6, 2017

Pre-Conference Workshops/Activities: April 3, 2017

Post-Conference Workshops/Activities: April 7, 2017

**Event Location:**

Hyatt Regency San Francisco Airport

1333 Bayshore Highway

Burlingame, CA 94010

Website: [sanfrancisco.regency.hyatt.com](http://sanfrancisco.regency.hyatt.com)

**Other Hotel Information**

Hotel Room Rate: \$199

Discount Code: Region IX VPPPA

Government Rate: prevailing government rate

Toll Free Reservations #: (888) 421-1442

Website:

[https://sanfrancisco.regency.hyatt.com/en/hotel/home.html](http://sanfrancisco.regency.hyatt.com/en/hotel/home.html)

Online Reservation Link:

[https://resweb.passkey.com/go/safetysummit2017](http://resweb.passkey.com/go/safetysummit2017)

Reservation Deadline: 03/11/17

**Registration Policy:** The pre-registration deadline is March 21, 2017. 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.

**Conference Questions/Special Assistance:**

Primary Conference Contact:

Terry Schulte

Phone: (707) 567-6885

Email: [Terry.Schulte@nustarenergy.com](mailto:Terry.Schulte@nustarenergy.com)

**Secondary Conference Contact(s):**

Dan Lazorcak

Phone: (480) 592-7513

Email: [Daniel.Lazorcak@honeywell.com](mailto:Daniel.Lazorcak@honeywell.com)

Jennifer Sanchez

Phone: (480) 592-4464

Email: [Jennifer.Sanchez@honeywell.com](mailto:Jennifer.Sanchez@honeywell.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: 1/15/17

April 1-3, 2017

(Prior to the Region 9 VPPPA Regional Conference)

Hyatt Regency San Francisco Airport

1333 Bayshore Highway

Burlingame, CA 94010

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).



## 2017 Region IX VPPPA Safety Summit

April 4 – April 6, 2017

Hyatt Regency San Francisco Airport  
Burlingame, 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 (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 1/31/2017 MEMBER / NONMEMBER	Regular, By 3/17/2017 MEMBER / NONMEMBER	Late/Onsite, After 3/17/2017 MEMBER / NONMEMBER
<input type="checkbox"/> Conference/Summit Only Registration	\$450 / \$500	\$550 / \$600	\$650 / \$700
<input type="checkbox"/> One-Day Conference Only Registration Select One Day: <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	\$225 / \$250	\$250 / \$275	\$275 / \$300
<b><input type="checkbox"/> Conference/Summit &amp; Pre-Conference Workshop Package:</b>			
VPP Application Workshop® (April 3)	\$600 / \$675	\$700 / \$775	\$800 / \$875
<b><input type="checkbox"/> Pre/Post Conference Workshop Only Registration:</b> Select a workshop you would like to attend			
<input type="checkbox"/> VPP Application Workshop® (April 3)	\$225 / \$250	\$250 / \$275	\$275 / \$300
<input type="checkbox"/> VPP Recertification Workshop (April 7)	\$100 / \$125	\$125 / \$150	\$150 / \$175
<input type="checkbox"/> Speaker Conference Registration	\$400	\$400	\$400
<input type="checkbox"/> OSHA/DOE Conference Registration	\$400	\$400	\$400

\*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

### Method of Payment

Prefix\*  Dr.  Miss.  Mr.  Mrs.  Ms.  Rev.  The Honorable

First Name\* \_\_\_\_\_ Middle Initial \_\_\_\_\_ Total Payment \$ \_\_\_\_\_

Last Name\* \_\_\_\_\_ Suffix \_\_\_\_\_  Check enclosed: Check # \_\_\_\_\_  
(payable to VPPPA, Inc.)

Designation(s): (i.e. CSP, OHST) \_\_\_\_\_

Visa  MC  AMEX  Discover

Badge Nickname \_\_\_\_\_ Card # \_\_\_\_\_

Job Title\* \_\_\_\_\_ Exp Date \_\_\_\_\_

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: \_\_\_\_\_

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.

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

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

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