

**The International Dairy-Deli-Bakery Association™**

636 Science Drive, Madison, WI 53711-1073

P.O. Box 5528, Madison, WI 53705-0528

Phone: 608-310-5000 • Fax: 608-238-6330

**BADGE SUBSTITUTION FOR DAIRY-DELI-BAKE 2012**

Please complete the information below and fax back to IDDBA at 608-238-6330.

*Substitutions must be for one person to another **at the same company**. Only the substitute registration may pick up the badge. If the person that is being substituted/canceled actually comes to the conference, he or she will be required to pay the appropriate registration fee to reregister, and in some cases (when the company's registration limit has been met) he or she will not be allowed to register and will not be issued a badge for entrance to the seminars and exposition.*

**ORIGINAL REGISTRATION:** Still with the company?  Y  N

VIP Number: \_\_\_\_\_ Confirmation Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

**SUBSTITUTE REGISTRATION:**

VIP Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip/Postal: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

If you are an exhibitor, will this person be working your booth?  Y  N

**REQUESTED BY:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_

Email: \_\_\_\_\_

Reason: \_\_\_\_\_

Send information to:  Requestor  Registrant

*I, the undersigned, understand that only the **SUBSTITUTE** registration (named above) may pick up the badge. If the original registrant who is now canceled actually comes to the conference, he or she will be required to pay the appropriate registration fee to reregister, and in some cases (when the company's registration limit has been met) he or she will not be allowed to register and will not be issued a badge for entrance to the seminars and exposition. By signing, I confirm that I am authorized to make this badge change.*



Signature: \_\_\_\_\_ Date: \_\_\_\_\_