



# 2019-2020 LEAD Conferences

## Substitution Form

Complete and fax this form to 703-860-3422, ATTN: LEAD Register, up to three business days prior to the conference. For substitutions needed less than three days before the conference, bring this form to the conference on-site registration help desk.

<b>Conference Attending:</b>	<b>Washington, D.C.</b> November 15-17, 2019	<b>Washington, D.C.</b> January 31-February 2, 2020	<b>Chicago, IL</b> February 28-March 1, 2020
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**Name of Original Registrant: (as it appeared on the original registration form)**

Last Name:		First Name:	
School Name:		State:	Zip Code:

School Affiliation Number: \_\_\_\_\_ Check one:  Adviser  Student

**Substitute Registrant Information: Note: substitute(s) should be registered online if database is still active.**

School Affiliation Number: \_\_\_\_\_

Last Name:	First Name:	Grade in September 2019:
Home Phone:	Cellphone:	Email:

<b>Level:</b>	<b>Activity Type:</b>	<b>Gender:</b>
High School Student	Student Council	Female
Middle Level Student	NHS	Male
Adviser	NJHS	

Medical Conditions: \_\_\_\_\_ Vegetarian?  Yes  No

List any other dietary needs or restrictions:

Allergies:

School Name: \_\_\_\_\_

_____	_____	_____	_____
School Street Address	City	State	Zip Code

Principal's Name (required)	Principal's Email Address (required)
_____	_____

Principal's Emergency Cell Phone Number (required)	Conference Adviser's Cell Phone Number (required)
_____	_____

Conference Adviser's Name (for students only)	Conference Adviser's Email Address (required)
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