

SUBSTITUTION FORM

EXISTING REGISTRANT INFORMATION

FULL NAME

REGISTRATION CONFIRMATION NUMBER (IF APPLICABLE)

NEW REGISTRANT INFORMATION

FULL NAME

REGISTRATION CONFIRMATION NUMBER (IF APPLICABLE)

TITLE/POSITION

ORGANIZATION

TELEPHONE

SEND EMAIL CONFIRMATION TO

DATE

PAYMENT INFORMATION

CARD HOLDER NAME

CARD NUMBER

EXP DATE

DATE

CVV NUMBER

BILLING ADDRESS

CITY/STATE

HBA SUBSTITUTION POLICY

Confirmed registrations may substitute their registration by 3 May 2021.

A completed substitution form must be received in writing via email to hba@hbanet.org no later than 3 May 2021.

After 3 May 2021, substitutions will not be accepted.