

## SUBSTITUTE CONFERENCE ATTENDEE FORM

A substitute conference attendee must be a paid/current NBRRO member.

Membership information is available at: <a href="https://www.nbrro.org/membership">www.nbrro.org/membership</a>

(Please type or print clearly.)

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Jurisdiction of Registered & Proposed Attende	ees:
Registered Attendee Name:	Member#:
Substitute Name:	Member#:
Mailing Address:	
City/State/Zip:	
E-Mail:	
Work Telephone:	Mobile Telephone:
I am a current paid member of the NBRRO and have been authorized to attend the upcoming NBRRO Conference in lieu of the Registered Attendee identified above.	
Signed	Date
To submit a SUBSTITUTE CONFERENCE 866/936-0963.	ATTENDEE FORM <u>by phone</u> , please fax to
To submit a SUBSTITUTE CONFERENCE completed form to:  NBRRO, LLC PO BOX 811 Brea, CA 92822-811	ATTENDEE FORM by mail, please send this
Should any questions arise, please contact th	