Mothers Conference

Attendee Substitution Form

Instructions: Use this form to transfer your registration to another member. No changes will be accepted after June 10, 2025. Email completed form to support@viprllc.comzRFnxtraxmMRtnfMMM**Note**: "Attendee Type" refers to, Mother Member, Associate or Lifetime Member. All transactions are between the two mothers.

Current Registered Attendee Information

Kim Hill

Email Address : kimshamae@yahoo.com

Registered Member ID d

Substitution/New Attendee Information—Enter the name of the person being registered

Replacement Attendee First and Last Name

Brandi Vasher

Member ID (Mother Only)

18846

Attendee Type

MOTHER

Email Address

brandivasher@gmail.com

Address

1542 DeBattista Place

City

Austin

State

Texas

Zip

78735

Chapter

Austin

Cell Phone Number

773-425-0428

Emergency Contact Name

Nathan Vasher

Emergency Contact Phone Number

224-565-6197

List Meal Type (Vegan, Vegetarian, No Pork, Gluten Free, or N/A)

No pork

Do you have any physical limitations that require accommodation? If yes, please detail the accommodation needed

NO