

# UBM EVENTS REGISTRATION REGISTRATION CHANGE REQUEST

Complete this form and fax to 415-947-6011

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

Confirmation #: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Conference: \_\_\_\_\_

Current Pass: \_\_\_\_\_

**Requested Change:** (Please note that all changes are subject to Conference Terms & Conditions. Deadlines for downgrades or cancellations will be enforced.)

\_\_\_ **UPGRADE** Pass to \_\_\_\_\_

\_\_\_ **DOWNGRADE** Pass to \_\_\_\_\_

\_\_\_ **CHANGE TUTORIALS** to \_\_\_\_\_

\_\_\_ **CHANGE CONF. OPTIONS** to \_\_\_\_\_

\_\_\_ **CANCELLATION** (Please note that all cancellations are subject to fee. Please refer to your original receipt for details)

Reason for cancellation: \_\_\_\_\_

\_\_\_ Registration **SUBSTITUTION** New Attendee: \_\_\_\_\_

Job Title: \_\_\_\_\_ Company: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

I request and authorize the above change be made to my registration.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Confirm to: \_\_\_\_\_

**Other Details:** \_\_\_\_\_

**Payment Information:** (circle one) VISA    MASTERCARD    AMERICAN EXPRESS    CHECK

**Credit Card Number:** \_\_\_\_\_ **EXP. DATE** \_\_\_\_\_ **Security Code** \_\_\_\_\_

**Authorizing Signature:** \_\_\_\_\_

Office Use Only:

Date Processed: \_\_\_\_\_ Initials: \_\_\_\_\_ New Conf. # \_\_\_\_\_