

REGISTRATION UPDATE FORM

Event Registration Services Group

Please complete this form with your updates and email it to gdcregistration@ubm.com or fax it to (415) 947-6011.
If changes are needed while an event is taking place, please bring this form on-site to the Customer Service desk. Please do not fax or email the form in.

Date: _____ **Confirmation #:** (Located on receipt or invoice) _____

Registrant's First Name: _____ **Last Name:** _____

Event Name: _____

Requested Change: (Please note that all changes are subject to conference terms and conditions. Deadlines for cancellations or downgrades will be enforced, please refer to your confirmation receipt for specific cancellation dates.)

UPGRADE: Change current pass to: _____

Please include credit card payment details below to pay for the cost difference

DOWNGRADE: Change current pass to: _____

If a refund is due, the cost difference will be refunded via the same method as the original payment

CANCELLATION: Please note that all cancellations are subject to a fee. Please refer to your original receipt for details.

SUBSTITUTION: Enter new registrant information below and provide signature of original registrant who is making the request:

New Registrant's First and Last Name: _____

Email: _____

Job Title: _____ **Company:** _____

Address: _____ **Phone:** _____

City, State, Postal Code, Country: _____

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

Signed: _____

Printed Name: _____

Confirm to (Email): _____

Please send a copy of the confirmation email to: _____

Other Request:

CREDIT CARD PAYMENT: For your safety, a registration support agent will contact you regarding your payment, or you can call (866) 535-8997 upon submitting your form.

Office Use Only:

Date Processed: _____

Initials: _____