

Event Registration Services Group

REGISTRATION UPDATE FORM

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, please refer to your confirmation for specific cancellation dates.)

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)

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

Amount To Charge: _____

Credit Card Number: _____ **EXP. DATE** _____

Authorizing Signature: _____

Credit Card Billing Information (Required)

Cardholder Name: _____

Street Address: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

Office Use Only:

Date Processed: _____ Initials: _____ New Conf. # _____