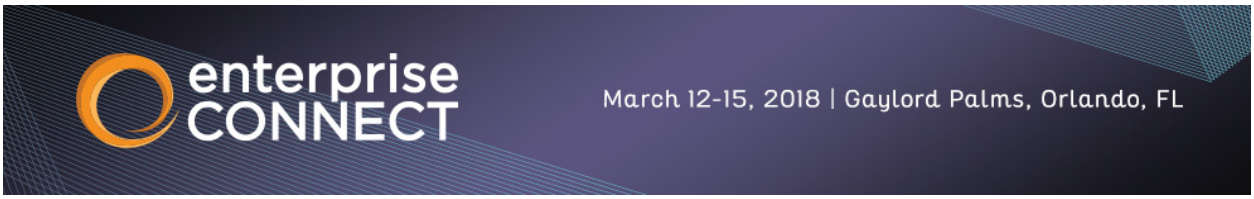

REGISTRATION UPDATE FORM

Event Registration Services Group

Please complete this form with your updates and fax it to (218) 740-6883.

If changes are needed while an event is taking place, please bring this form on-site to the Customer Service desk.

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

Registrants First Name: _____ **Last Name:** _____

Conference: _____

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

___ **CANCELATION:** Please note that all cancelations 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 registrants first and last name: _____

Email: _____

Job Title: _____ **Company:** _____

Address: _____ **Phone:** _____

City, State, Zip/Postal Code/Country: _____

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

Signed: _____

Printed Name: _____

Other Request:

_____

_____

PAYMENT INFORMATION: (Circle credit card choice) VISA MASTERCARD AMERICAN EXPRESS

Credit Card Number: _____ **Expiration Date:** _____

Cardholder Name: _____ **Amount To Charge:** _____

Cardholder Signature: _____

Cardholder Billing Street Address: _____ **City:** _____

State: _____ **Zip/Postal Code:** _____ **Country:** _____

Office Use Only:

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