

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)

GST or VAT Exemption (Applies to GDC Canada/GDC Europe only) _____

Exemption Number _____

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** _____

Authorizing Signature: _____

Office Use Only:

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