

REGISTRATION UPDATE FORM

PLEASE COMPLETE THIS FORM WITH YOUR UPDATES AND EMAIL TO INTEROPREGISTRATION@UBM.COM

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: _____

CURRENT PASS TYPE: _____

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: _____

DOWNGRADE: Change current pass to: _____

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:

Registrants first and last name: _____

Email: _____

Job Title: _____ Company: _____

Address: _____ Phone: _____

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

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

Signature: _____

Printed Name: _____

Other Request: _____

CREDIT CARD PAYMENT INFORMATION

For your privacy and safety, a Customer Support agent will contact you regarding your payment within 48 hours, or you can call Customer Support at (866) 535-8992 or (415) 947-6916 from 8:30 am to 4:00 pm Pacific Time, Monday - Friday.

Office Use Only: _____

Date Processed: _____