

Provide the following information for the ORIGINAL ATTENDEE:

Registration Confirmation #: _____ (Found in confirmation email)

Full Name (First & Last): _____

Company Name: _____

Provide the following information for the SUBSTITUTE ATTENDEE:

Full Name (First & Last): _____

Job Title: _____

Phone Number: _____

Email Address: _____

CC-Email (Submitter of this form): _____

 Check here if the following information is the SAME as the original attendee. Otherwise, please provide the requested information.

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Registration Details: (select one)

 No changes from original attendee's registration Register with the following changes: (list changes to main registration and/or special events)

ADD: _____

REMOVE: _____

Total Registration Payment Processed: \$ _____

Total Registration Payment Due: \$ _____

Difference between Payment Processed & Due: \$ _____

Negative Balance = Refund will be processed when the substitution is processed

Positive Balance = Submit the Credit Card Authorization Form (PAGE 2) along with this form

If no additional payment is due, submit this form by EMAIL:***If payment is due, submit along with the Credit Card Authorization Form (next page) by FAX:******DO NOT submit by email!*****Print this form and Fax to: 1 (703) 964-1246****The deadline to submit a substitution request in advance is Friday, May 5, 2017
After that date, substitutions must be made onsite, accompanied by written permission from the original attendee**