**Alliance Registration Transfer Request**

Please fill out this form completely and e-mail to support@alliance-conference.com**.** Please insert in the subject “Alliance – Reg Transfer”

**Please allow for 5 business days to process.** Please type or print clearly.

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| **Info of the person the registration is currently under** |  |
| First Name (Given)  |  |
| Last Name (Family)  |  |
| Institutional Email Address |  |
| Alliance Registration ID number: |  |
| **Info on the person the registration will be transferred to** |  |
| First Name (Given)  |  |
| Last Name (Family)  |  |
| Institutional Email Address |  |
| Job Title |  |
| Institution or Company Name |  |
| Institution or Company Address |  |
| City |  |
| State |  |
| Country |  |
| Postal Code |  |
| Phone Number |  |
| Area of Interest (Ex: Academic Advisement, Admissions, Budgeting & Planning, Campus Community, Contributor Relations, CRM, Financial Aid, General Ledger, Grants, Contracts & Billing, HRMS, Innovations, New Products & Technology, Oracle EBS, Procurement to Pay, Project and Change Management, Public Sector, Reporting & Business Intelligence, Security & Audit, Student Financials, Student Records, or Technical) |  |
| Your Age Range (Select one: 21-34, 35-44, 45-54, 55-64, 65 and order, or N/A) |  |
| Do you plan on accepting the meals offered during the conference? (Opening Reception, Monday lunch, Tuesday lunch and Closing Night Event) |  |
| Do you have any food allergies or special diet requirements? We cannot guarantee any special meals if transfer are requested after February 19, 2016. |  |
| ADA/Special Assistance Needs: |  |
| Are you planning on applying for CPE credits during Alliance? |  |
| Emergency Contact Name: |  |
| Emergency Contact Phone Number: |  |

If you have any further questions please email support@alliance-conference.com or call us at 1-602-734-5356.