**Regional Registration Transfer Request**

Please fill out this form completely and e-mail to [regional-support@heug.org](mailto:support@alliance-conference.com)**.** Please insert in the subject “Regionals – 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** |  |
| Conference: (please provide name of conference you are attending) |  |
| First Name (Given) |  |
| Last Name (Family) |  |
| Institutional Email Address |  |
| 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 Interest, General Ledger, Grants, Contracts & Billing, HRMS, Oracle EBS, Procurement to Pay, Project Management & Life Cycle, Public Sector, Reporting & Business Intelligence, Security & Audit, Student Financials, Student Records, Technical, or Training & End User Support) |  |
| Do you plan on accepting the meals offered during the conference? (Please refer back to the Regional Conference site for selection) |  |
| Do you have any food allergies or special diet requirements? |  |
| ADA/Special Assistance Needs: |  |
| Are you planning on applying for CPE credits during (if offered) Regional Conference? |  |
| Emergency Contact Name: |  |
| Emergency Contact Phone Number: |  |

If you have any further questions please email [regional-support@heug.org](mailto:support@alliance-conference.com) or call us at 1-602-734-5356.