



Registration Update Form

Please complete the registration update form and email to meetings@asdanet.org. One form must be completed per attendee or registrant change. All changes are subject to the policy deadlines posted on the Annual Session website.

Date: _____

Name: _____

School: _____

Requested Change:

Original Registrant's Full Name: _____

Original Registrant's Email: _____

Please select your requested change below.

Cancellation: Requests to cancel your registration must be received by **Tuesday, February 4** to receive a full refund. Cancellations received from **February 5 – 11** will receive a 50% refund. Cancellations received after February 11 will be considered on a case by case basis.

Substitution: Enter new registrant information below. Substitution requests received after **Tuesday, February 4** cannot be accommodated.

Only complete the section below for substitution requests:

New Registrant Full Name: _____

Name Printed on Badge (if different than above) : _____

Email: _____

Dietary Restrictions/food allergies: _____

Emergency Contact (name & phone): _____

Please Note: Accommodations are available for attendees with disabilities. Please email meetings@asdanet.org detailing the registrant's needs.