



# Registration Transfer Form

DATE: \_\_\_\_\_

CURRENT REGISTRATION:

Registration Number: \_\_\_\_\_ (if known)

Attendee Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

REASON FOR TRANSFER: \_\_\_\_\_  
\_\_\_\_\_

TRANSFER TO:

Attendee Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_

Church Affiliation, Network, Denomination or Tradition: \_\_\_\_\_

Position within church:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Worship Leader/Pastor | <input type="checkbox"/> Keyboardist/Pianist | <input type="checkbox"/> Wind Instrumentalist |
| <input type="checkbox"/> Vocalist              | <input type="checkbox"/> Bassist             | <input type="checkbox"/> Songwriter/Arranger  |
| <input type="checkbox"/> Acoustic Guitarist    | <input type="checkbox"/> Drummer             | <input type="checkbox"/> Audio Technician     |
| <input type="checkbox"/> Electric Guitarist    | <input type="checkbox"/> Percussion          | <input type="checkbox"/> Video Technician     |

Email completed form to [info@experienceconference.com](mailto:info@experienceconference.com)