

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.

Info of the person the registration is currently under	
First Name (Given)	
Last Name (Family)	
Institutional Email Address	
Alliance Registration ID number (This can be found here https://www.alliance-conference.com/event/468/my-profile/?rer=1) :	
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: Customer Relations, Financials, Human Capital Management (HCM), Product and Change Management (PCM), Research Management, Student Information System (SIS), Technical, Exhibitor)	
Your Age Range (Select one: 21-34, 35-44, 45-54, 55-64, 65 and over, or N/A)	
ADA/Special Assistance Needs:	
Are you planning on applying for CPE credits during Alliance?	

If you have any further questions please email support@alliance-conference.com