

# CSDA 2017 ANNUAL MEETING – MAY 10-12

## REGISTRATION CHANGE REQUEST FORM

Registrant Full Name: \_\_\_\_\_

Confirmation # (if known) \_\_\_\_\_ E-mail: \_\_\_\_\_

**PLEASE COMPLETE ALL APPROPRIATE SECTIONS.**

### **SECTION 1 – COURSES AND/OR SOCIAL EVENTS BEING ADDED\*:**

*\*Please note: Social Events include: The two evening parties, the New Dentist Happy Hour and the Express Lunches.*

Course Code or Event to add: \_\_\_\_\_ Ticket Price (if applicable) \$ \_\_\_\_\_

Course Code or Event to add: \_\_\_\_\_ Ticket Price (if applicable) \$ \_\_\_\_\_

**Total due to CSDA for additional class(es) and/or event(s) \$ \_\_\_\_\_**

### **SECTION 2 – COURSES OR SOCIAL EVENTS BEING CANCELLED:**

Course Code or Event to cancel: \_\_\_\_\_ Ticket Price (if applicable) \$ \_\_\_\_\_

Course Code or Event to cancel: \_\_\_\_\_ Ticket Price (if applicable) \$ \_\_\_\_\_

**Total refund due for cancelled class(es) and or event(s) \$ \_\_\_\_\_**

### **SECTION 3 – PAYMENT OR REFUND DUE (please check only one box):**

I originally paid by **credit card** so please issue the refund due to that account.

**OR**

I originally paid by **credit card** and would like the balance now due to the CSDA charged.

#### **Card Used:**

Name on card: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CSV#: \_\_\_\_\_

Signature: \_\_\_\_\_

I originally paid by **check** so please issue me a refund check.

**OR**

I have enclosed a **check** for the additional money now due to the CSDA.

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#### **INSTRUCTIONS:**

**Fax** this completed form to ExpoTrac's secure fax line: 401-765-6677

**Or mail to:** CSDA 2016, C/O ExpoTrac Registration, P.O. Box 1280, Woonsocket, RI 02895

Questions about your registration? Call ExpoTrac Registration: 401-766-4142