



ADA Dentist and Student Lobby Day

Registration Update Form

Please complete the registration update form and email it 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 Lobby Day 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 **Friday, February 10** to receive a full refund. Cancellations received from **February 11-20** will receive a 50% refund. Cancellations made after February 20 are not eligible for refund.

Substitution: Enter new registrant information below. Substitution requests received on or before **Tuesday, February 14** will be made at no charge. Requests received after the deadline will be considered on a case-by-case basis.

Only complete the section below for substitution requests:

New Registrant Full Name: _____

Name Printed on Badge: _____

Email: _____

Dietary Restrictions/food allergies (please specify): _____

Emergency Contact (name & phone): _____

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