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**The Summit**

**Registration Update Form**

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

Date:

Name:

School:

**Requested Change:**

Original Registrant’s Full Name:

Original Registrant’s Member Type (select one): [ ]  Predoctoral [ ]  Predental

Please select your requested change below.

[ ]  **Cancellation:** Requests to cancel your registration must be received by **Thursday, November 18** to receive a full refund. Cancellation requests made after November 18 will be reviewed on a case-by-case basis.

[ ]  **Substitution:** Requests for substitutions will be accepted through **Monday, October 25** at no charge. Substitution requests received after October 25 will be reviewed on a case-by-case basis.

***Only complete the section below for substitution requests:***

New Registrant Full Name:

Name Printed on Badge:

Graduation Year:

Phone:

Email:

Dietary Restrictions/food allergies (please specify):

Emergency Contact (name & #):

Please Note: Accommodations are available for attendees with disabilities. Please email registration@asdanet.org by Monday, October 25 detailing the registrant’s needs.