**LA-HEUG Registration Transfer Request**

**(solicitud de transferencia de registro)**

Please fill out this form completely and e-mail to regional-support@heug.org**.** Please insert in the subject “LA-HEUG – Reg Transfer”

**Please allow for 5 business days to process.** Please type or print clearly.

\*\*Por favor llene este formulario completamente y mande correo electronico a regional-support@heug.org. Por favor inserte en la linea de asunto “LA-HEUG – Reg Transfer”\*\*

**\*\*Por favor perminta 5 días hábiles para procesar.** Por favor escriba a máquina o con letra clara.\*\*

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| **Info of the person the registration is currently under (Información de la persona que la inscripción se encuentra actualmente en)** |  |
| First Name (Primer Nombre)  |  |
| Last Name (Apellido)  |  |
| Institutional Email Address (Correo Electronico Institucional) |  |
| Registration ID number (Número de ID de Registro): |  |
| **Info on the person the registration will be transferred to (Información sobre la persona que se transferirá el registro de)** |  |
| First Name (Primer Nombre)  |  |
| Last Name (Apellido)  |  |
| Institutional Email Address (Correo Electronico Institucional) |  |
| Job Title (Título Profesional) |  |
| Institution or Company Name (Institucion o Nombre de Empresa) |  |
| Institution or Company Address (Dirección de Institucion o Empresa) |  |
| City (Ciudad) |  |
| State (Estado) |  |
| Country (País) |  |
| Postal Code (Código Postal) |  |
| Phone Number (Número de Teléfono) |  |
| Area of Interest (Area de Interés) (Ex: Academic Advisement, Admissions, Budgeting & Planning, Campus Community, Contributor Relations, CRM, Financial Aid, General Interest, General Ledger, Grants, Contracts & Billing, HRMS, Oracle EBS, Procurement to Pay, Project Management & Life Cycle, Public Sector, Reporting & Business Intelligence, Security & Audit, Student Financials, Student Records, Technical, or Training & End User Support) |  |
| Do you plan on accepting the meals offered during the conference? (Please refer back to the Regional Conference site for selection)¿Usted planea aceptar las comidas ofrecidas durante la conferencia ? (Por favor refiérase al sitio LA-HEUG para la selección) |  |
| Do you have any food allergies or special diet requirements? ¿Tiene alguna alergia alimentaria o requisitos especiales de dieta ? |  |
| ADA/Special Assistance Needs:(ADA / Asistencia para Necesidades Especiales) |  |
| Are you planning on applying for CPE credits during (if offered) Regional Conference?¿Está pensando en solicitar créditos CPE durante (si se ofrece) LA-HEUG? |  |
| Emergency Contact Name:(Nombre de Contacto de Emergencia) |  |
| Emergency Contact Phone Number:(Teléfono de Contacto de Emergencia) |  |

If you have any further questions please email regional-support@heug.org or call us at 1-602-734-5356.

Si tiene alguna pregunta, por favor mande correo electrónico a regional-support@heug.org o llámenos a 1-602-734-5356.