

**Substitution Form**

If you are unable to attend SAP TechEd, and wish for another person to attend instead, you must complete the official form below and submit it by email to sap@delegate.com

If the original registration payment is being transferred, no fee for the substitution is required (Option 1). If the original registration payment is not transferred to the new attendee select (Option 2), an administrative fee of 150 € + 21% Spanish VAT will be imposed. Please fill in all information requested below.

***E-mail substitution requests cannot be honoured, as signatures are required***

**Please note that substitutions will not automatically substitute or cancel any existing hotel reservations.** The attendee is responsible for making any cancellations or substitutions to their hotel reservation by contacting housing reservations at [saphotels@delegate.com](mailto:saphotels@delegate.com?subject=SAP%20d-code%20Berlin%20Hotel%20Enquiry). All cancellations must be received by close of business on Friday October 27, 2017 (5:00 p.m. CET)

In the event that you may need to cancel or change the date of your hotel reservation after close of business on Friday October 27, 2017 (5:00pm CET) your credit card will automatically be debited for the total number of nights cancelled. If you do not show on the reservation date your credit card will also be debited for the total number of nights that you do not show.

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| **Original Registrant information** |

**First name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Confirmation Number\_\_\_\_\_\_\_\_\_\_\_**

**Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

By authorizing this registration transfer, the attendee acknowledges that the original registration is invalid and is responsible for notifying all parties of the change request. You also acknowledge your responsibility to communicate any cancellations or changes to an existing hotel reservation to SAP TechEd housing.

**Please indicate below how you would like us to handle your original registration payment.**

*Option 1*□ Please apply my original registration fee payment toward the new replacement attendee's registration.

**Original attendee**'**s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount of original charge** €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Original attendee's signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Required**

*Option 2*□ Please refund my original registration fee payment. I have included new payment information below to cover the replacement attendee’s fee and the 150 € + 21% Spain VAT administrative fee. ***Please note that the refund WILL NOT be processed until registration and payment is completed by the new registrant.***

*\*If no preference is indicated above, your credit card will automatically be refunded and the new replacement attendee will be required to provide payment for the registration and the administration fee.*

**When completed in full and signed below, this form serves as the new registration form.**

**I authorize the transfer of my registration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Original attendee's signature)**

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| **New Registrant information** |

**First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­**

**If you selected payment OPTION 2 above, please provide payment information for the new transferred registration.**

**□Amex □Mastercard □Visa**

**Credit Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration date\_\_\_\_\_/\_\_\_\_\_ Total amount € \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**mm/yy**

**Cardholder**'**s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Billing address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Post code \_\_\_\_\_\_\_\_\_\_\_\_ Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cardholder**'**s contact number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cardholder’s Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cardholder**'**s signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Required)**