

SXSW REGISTRATION TRANSFER FORM

PLEASE READ! and completely fill. SXSW, Inc., at its sole discretion, may cancel or refuse registrations/applications/purchases from any individual or company at any time. By clicking on "Purchase Now" button or authorizing payment to SXSW in any form payor agrees to the following SXSW, Inc. policies: 1) payments are not refundable for any reason including, but not limited to, failure to use SXSW credentials due to illness, acts of God, travel-related problems, and loss of employment 2) discounted prices are based on the date payment is received in the SXSW office 3) unused registrations/applications have no monetary value and cannot be credited to future years or events. 4) conference registrations include a one-year subscription to SXSWorld Magazine valued at \$20

There is a \$50 non-refundable fee before January 12, 2007.

There is a \$100 non-refundable fee after January 12, 2007.

TRANSFER FROM:

Full Name _____ Company _____

Put an 'X' I am registered for: ___Platinum ___Music ___Gold ___Interactive ___Film

I have a SXSW hotel reservation, I would like to:

___Transfer my reservation to _____

___Please CANCEL my hotel reservation.

___I do not have a SXSW hotel reservation.

TRANSFER PAYMENT INFO:

Check ___ AMEX ___ Visa ___ MC ___ Discover ___ Diners Club ___

*CC # _____ *Exp ____/____

*Name printed on card _____

*Signature _____

TRANSFER TO:

Full Name _____

Company _____

Title _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Web http:// _____

E-mail _____

HOTEL* I would like to reserve a hotel room at discounted SXSW rates. Use credit card below to guarantee the reservation (required for all hotels). Choose 2 hotel preferences from sxs.com/register_to_attend/hotels/ Sections marked * must be completed to book hotel.

*Hotel Choices 1) _____ 2) _____

*Dates Checkin: March _____, 2007 Checkout: March _____, 2007

*Room type ___One Bed ___Two beds ___One-bedroom Suite ___Two-bedroom Suite

*Smoking? ___Nonsmoking ___Smoking ___No Preference

*Guests Names of other registrants in room _____

Special Hotel requests _____

*Credit card is for Hotel only

Check ___AMEX ___Visa ___MC ___Discover ___Diners Club

*CC # _____ *Exp ____/____

*Name printed on card _____

*Signature _____

Staff use only: _____ Rcvd _____ Entd _____ Chg _____ DPTD _____ No Fee _____ HDesk _____
