

Transfer Form

**Registrant Information:**

\*Name \_\_\_\_\_ \*Nickname \_\_\_\_\_

\*Person I'm replacing \_\_\_\_\_

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

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**Contact Information:**

Same Address as transferee       Different Address (input info below)

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ \*Email \_\_\_\_\_

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**Statistical Data:**

**\*HAVE YOU ATTENDED A PRIOR UID PROGRAM?**  Yes  No

**TITLE:** Check the **one** that most approximates your responsibilities:

Sales/Sales Management  Executive Management  Finance  Marketing

Operations/Administration  Manufacturer's District Manager  Other

**AGE:** Check what age range you fall in

Under 30  30-40  40-50  50+

**LENGTH OF INDUSTRY SERVICE:**

Less than 5 years  5-10 years  10-15 years  15-20 years  20+ years

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**Class Information:**

I would like to keep the same classes  I would like to make changes to my classes

**\*If you are making changes please refer to the registration form and write the class number next to the appropriate day. Please check with us to see what classes are available.**

Sunday \_\_\_\_\_ Monday \_\_\_\_\_

Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_

Office Use Only Transfer from _____  Transfer to _____
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