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SCI Annual Hunters' Convention

Company Change of Information Sheet

DATE OF CHANGE: _____ REQUESTED BY: OWNER PRIMARY CONTACT

REASON FOR CHANGE: _____

Please Check One:

- Change applies to all business with SCI
- Change applies ONLY to SCI Convention Department

Please read the SCI Priority Points Policy in regard to change of ownership. Upon company change of ownership, SCI must be notified IMMEDIATELY.

Old Information

COMPANY NAME: _____

PRIMARY CONTACT: _____

PRODUCT EXHIBITING: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

CITY/STATE OR PROVINCE/ZIP OR POSTAL CODE: _____

COUNTRY: _____ E-MAIL: _____

PHONE: _____ FAX: _____

OWNER(S): _____

Internal Use Only:

Membership # _____

Date Changed: _____

NOTES: _____

New Information

COMPANY NAME: _____

PRIMARY CONTACT: _____

PRODUCT EXHIBITING: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

CITY/STATE OR PROVINCE/ZIP OR POSTAL CODE: _____

COUNTRY: _____ E-MAIL: _____

PHONE: _____ FAX: _____

WEBSITE ADDRESS: _____

OWNER(S): _____

I have read and understand the SCI Priority Points Policy.

SIGNATURE: _____ DATE: _____

PRIOR OWNER

SIGNATURE: _____ DATE: _____

NEW OWNER