



## Workshop Refund Request Form

Date refund requested: \_\_\_\_\_ Name: \_\_\_\_\_

Address: Street: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_ Zip Code \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone No: \_\_\_\_\_ (circle: Voice, VP, TTY) (circle: Home, Work, Cell)

Date of Event: \_\_\_\_\_ Title of Event: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Method of Payment: \_\_\_\_\_

### For Office Use Only:

Number of days cancellation occurred prior to workshop:

- 30 days (75%)       72 hours to 30 days (50%)       Less than 72 hours (no refund)  
 Death or Family Emergency (full refund minus \$10.00)