



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)