

CANCELLATION & REFUND REQUESTS

Order Date		Order #	
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CONTACT DETAILS

NAME OF CONFERENCE	
Attendee Name	
Requested By	
Organization Name	
Email	
Phone	

REASON FOR REFUND (Circle One)

Conflict

Medical

Financial

Personal

Other

Please also provide a detailed explanation below as to why you were unable to attend the conference. Attach any relevant documentation.

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REFUND INFORMATION – FOR OFFICE USE ONLY

Person Requesting							
Authorized By							
Check		CC		Wire		Amount	

PLEASE NOTE

If you submit this request after the refund cutoff date your refund is subject to approval. Please return this form to INTA Member Services (memberservices@inta.org), or fax it to +1-212-768-1234 (Attn: Member Services).