

**CANCELLATION & REFUND POLICIES**

<b>Order Date</b>		<b>Order #</b>	
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**CONTACT DETAILS**

<b>Attendee Name</b>	
<b>Requested By</b>	
<b>Organization Name</b>	
<b>Email</b>	
<b>Phone</b>	

**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**

<b>Person Requesting</b>							
<b>Authorized By</b>							
<b>Check</b>		<b>CC</b>		<b>Wire</b>		<b>Amount</b>	

**PLEASE NOTE**

Your refund is subject to approval. Please return this form to Member Operations [memberoperations@inta.org](mailto:memberoperations@inta.org), or fax it to +1-212-768-7796 (Attn: Member Operations). Please allow 3-5 business days for processing.