**REQUEST FOR CANCELLATION AND REFUND**

*To request a cancellation and refund, please give the reason for cancellation and attach the original registration form or complete the rest of the information below. Please remember that if you are past the deadline date for cancellations, your payment may not be refunded.*

**Reason for cancellation:**

 Conflict in Schedule  Family Emergency  Illness Other

Date of Cancellation Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**You may attach a copy of the original registration form to this form, or complete the following:**

Training course or meeting to be cancelled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of course or meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of registrant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GMA refunds are issued using the same method of payment as the payment of the original registration form. If you paid by check, we will issue a refund check to the same account. If you paid by credit card, we will credit that same credit card.**

Method of Refund:  Send Refund Check  Issue credit to this credit card (Complete below):

CC# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on the Credit Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_

Please return this form to ATTN: Kristen Grissom; P.O. Box 105377, Atlanta, GA 30348 OR to one of the dedicated fax lines: 404-577-6663 or 678-651-1021.

**FOR SECURITY PURPOSES, GMA CANNOT ACCEPT CREDIT CARD INFORMATION SENT BY EMAIL OR TO ANY FAX NUMBER OTHER THAN THE DEDICATED FAX NUMBER.**