



TASB Events Cancellation/Substitution Request Form

For TASB use only:

Meeting Code

Date of Request _____

District/Company _____

Meeting Name _____

Meeting Date _____ City _____

Attendee Name(s) _____

Reason for Cancellation _____

Person Submitting Request _____

Fax _____ Phone _____ E-mail _____

All requests are subject to applicable cancellation fees and terms as specified in event confirmation.

Please check appropriate box:

- Canceling after cut-off date **No refund due**
 - *If payment has already been made, no refund will be provided.*
 - *If payment was submitted by purchase order, a bill will be sent in the amount of the registration fee.*
 - *A substitute may attend in place of original registrant.*

- Substitute will attend in place of original registrant.

Name of Substitute _____ Title _____

Requesting 100% refund Amount \$ _____

Requesting 50% refund Amount \$ _____

Authorized signature for district/company _____

Fax this form to 512.467.3642.

Questions? Contact Meeting Registrar at registrar@tasb.org or 800.580.8272, extension 2219.

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Registration Date _____	Amount \$ _____	Initials _____
CC # (last 4 digits) _____	Name on Card _____	Auth Code _____
Check # _____	Reference # _____	