



# 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:**

- Cancelling 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.

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