



TASB Events Cancellation / Substitution Request Form

For TASB use only:
Meeting ID

Date of Request _____

District/Company _____

Meeting Name _____

Meeting Date _____ City _____

Attendee Name(s) _____

Reason for Cancellation _____

Person Submitting Request _____

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 purchase order was submitted, an invoice 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 _____

**E-mail this form to registrar@tasb.org or
you may fax it to 512.467.3642**

Questions? Contact the meeting registrar at registrar@tasb.org or 800.580.8272.

<i>For TASB use only</i>		
Order Date: _____	Multiple Registrants: _____	Check Number: _____
Order Number: _____	Credit Card: _____	Auth Code: _____
Date Exported: _____	Check Number: _____	Initials