



# 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](mailto:registrar@tasb.org) or  
you may fax it to 512.467.3642**

Questions? Contact the meeting registrar at [registrar@tasb.org](mailto: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: _____	Invoice Number: _____	Initials