

Refund Request Form for WODIL Conference Participants

PLEASE NOTE: You will also need to advise the Event Coordinator of your intention to withdraw from the conference using the Contact Form.

REFUND INFORMATION:			
Participant First Name		Participant Last Name	
Registration date		D.O.B. (MM/DD/YYYY)	
Address			
City/Province			
Country		Postal Code	
Phone		Email	
Mailing Address (if different than above)			
Refund amount (CeFIE To Fill)			
Authorized Representative Name (if applicable)			

REASON FOR REFUND: (check one)	
<input type="checkbox"/>	Visa denial (please submit a copy of your visa denial letter in addition to this form).
<input type="checkbox"/>	Attending another conference
<input type="checkbox"/>	Other (please specify):

PLEASE NOTE: Refunds are processed based on method of original payment. Credit card payments are refunded to the credit card.

Payments made by cash, cheque, debit card or wire transfer are refunded with a cheque. See [Refund Policy page](#).

METHOD OF ORIGINAL PAYMENT MADE BY: (check one)			
<input type="checkbox"/> Credit Card (check one)	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> American Express
<input type="checkbox"/> Cash	<input type="checkbox"/> Debit		
<input type="checkbox"/> Wire transfer (the original wire transfer receipt must be attached)	<input type="checkbox"/> Cheque		

ORIGINAL DATE OF PAYMENT (MM/DD/YYYY)	
ORIGINAL PAYMENT MADE BY 3RD PARTY (identify the original payee if different than student)	

PLEASE NOTE: Refund cheques will be sent via regular mail at no charge. If you want to have your refund cheque sent fast you will be charged a \$50 fee (deducted from your refund).

Check one: Send refund cheque via regular mail (no charge)
 Send refund cheque via courier and deduct the **\$50** fee from my refund.

PARTICIPANT SIGNATURE: _____ **DATE:** _____

FOR CASH OFFICE USE ONLY									
Acct#		Fund#		Dept#		Conf / Event #		Amount	
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* Please complete this form and submit it via email.