

# Florida Public Pension Trustees Association

## Cancellation/Refund Form

### **Refund Policy:**

Cancellations received on or before 30 days prior to the start of the first day of the event will be refunded the registration fee less \$50.

Cancellations received less than (30) days prior to the start of the event will be refunded 50% of the registration fee.

Cancellations received seven (7) days or less prior to the start of the event will not be refunded.

*This is due to the fact that we have guaranteed your attendance with the hotel two and a half weeks prior the start of event and are financially responsible.*

*Please email this form back to **Cindy@fppta.org** .*

**Reason for requesting cancellation/refund:** \_\_\_\_\_

**Please provide the name of the person you are requesting a cancellation/refund for:**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Invoice Number: \_\_\_\_\_

Event Name: \_\_\_\_\_

☐ Trustee Registration ☐ Associate Registration ☐ CPPT Certificate Program  
☐ Other \_\_\_\_\_

### **Did you pay your registration fee by:**

☐ Check ☐ Online Credit Card ☐ ACH

**If paid by check or ACH, refund check should be written to:**

Organization: \_\_\_\_\_

**Provide the address you would like the refund mailed to:**

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**If you paid by credit card, we need the last four digits of the number:** \_\_\_\_\_

**Name on card:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_

**Date the charge was made:** \_\_\_\_\_

### **Office Use Only**

Reference DB Inv. # \_\_\_\_\_ Date Refunded: \_\_\_\_\_

Refund Approved by: \_\_\_\_\_ Amount Refunded: \$ \_\_\_\_\_ Check/Transaction Number: \_\_\_\_\_