

BANQUET REFUND REQUEST FORM

To request a refund for a Seminar Banquet Ticket, please complete the form below and email to kmihaychuk@awwoa.ca. All orders will be reviewed and processed accordingly.

DELEGATE INFORMATION					
Delegate Name:		E	mail:		
Community/Employer:					
Number of Banquet Tickets	Purchased:	x \$65.00	(per ticket) + 5% GST		nt to be refunded)
PAYMENT INFORMATION	FOR CREDIT:				
Please indicate your original	payment method for	or your refun	d below.		
Credit Card refunds – will or	ly be issued back to	the original	card of payment.		
Purchase Order/Invoice refu	nds – a credit chequ	ıe will be issu	ed to the original iss	uer of payn	nent.
PLEASE SELECT YO	UR ORIGINAL N	IETHOD O	F PAYMENT FO	R YOUR	REFUND:
CREDIT CARD (VIS	A/MC)				
NAME:					_
(as it appears on the card)					
CARD #			EXPIRY	DATE	/
BILLING EMAIL (if differen (Copy of receipt will be em					-
PURCHASE ORDER	₹				
INVOICE #:					
CONFIRM MAILING ADDR	ESS FOR REFUND	CHEQUE:			
NAME or COMMUNITY/EM	IPLOYER:				
ADDRESS:					
CITY:	PROVINC	E:	POSTAL CODE: _		