



Request for Refund –Conference/Workshop Registration Fee:

- Form must be submitted according to the deadlines of the event.
- Membership fees are not refundable.

Member Name _____

Organization _____

Name of Event _____

Method of Payment: Credit Card or Check - Check Date: _____ Check No: _____

Reason for request: _____

Disposition:

Issue a refund of the registration fee payable to _____.

Address to which refund is to be sent:

City _____ State _____ Zip Code _____

Member Signature _____ Date _____

Mail completed form to :

FASFAA Treasurer
2400 Feather Sound Drive, #1228
Clearwater, FL 33762