



## ASCPT Registration Cancellation Form and Instructions

**Deadline: Thursday, January 30, 2020, 4:00 pm ET**

### **Instructions**

Full completion and submission of the Registration Cancellation Form (this form) is required in order to request a registration refund. Requests without the fully completed form will not be considered. ASCPT's full cancellation policy can be found on the ASCPT website. Return this form to ASCPT via email to [meetings@ascpt.org](mailto:meetings@ascpt.org).

### **Cancellation Form**

All fields with an \* are required.

**\*Registrant First Name:**

**\*Registrant Last Name:**

**\*Company/Organization:**

**\*Address:**

**\*City:**

**\*State/Province:**

**\*ZIP/Postal:**

**\*Country:**

**\*Email:**

**\*Phone:**

**\*Cancellation Reason**

*Please provide as much detail as possible.*

All communication regarding the cancellation will be sent to the above registrant. If there is an alternative individual that should be the designated point of contact, please provide that individual's contact information:

**Name (First and Last):**

**Phone:**

**Email:**