CHAPTER PAYMENT/REFUND REQUEST

Chapter Name: _____

Event Date(s): _____ Refund or Registration Payment: _____

Event Title: _____

Registration
or Refund Type: _____

Total Amount: _____

Company Name: _____

Contact: _____

Payment Details: Please provide credit card details for payment or refund here or contact Holly Dotson at 984-244-7044. For refunds we need the same credit card that was used to purchase.

Name on Card: _____

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____

If paying/refunding by check please include the following:

Check # Personal _____

Check # Company _____

Address to Mail Check Payment

_____

_____

_____

Email all requests to hdotson@iasa.org.