

Canellation Policy Momentum 2009

1. The \$100 deposit is non-refundable.
 - However, a transfer of funds for the \$100 deposit may be requested for a \$35 transfer fee. The "Notice of Cancellation" form must be filled out and approved by the Registration Resolution committee. The remaining \$65 of the deposit may then be transferred to another participant. Transfer requests must be postmarked or faxed by June 15th. No deposits will be transferred after that date.
2. Request for refund of monies paid in excess of the \$100 deposit must be submitted by completing the "Notice of Cancellation Form" and postmarked or faxed by June 15th.
3. No refund of any monies will be issued if participant cancels/leaves after the start date of Momentum (July 13, 2009).
 - If canceling between the dates of the June 15 "Notice of Cancellation" deadline and the July 13th start of conference, please contact registrar@cenational.org for assistance.

Please mail or fax to:

*CE National, Inc.
P.O. Box 365
Winona Lake, IN 46590
Fax to (574) 269-7185*

**Notice of Cancellation
Momentum 2009**

Date of Request: _____
Name of canceling participant: _____
Address: _____ City: _____ State: _____ Zip: _____

Reason For Cancellation:
 Medical/Family Emergency (i.e. Death) (Doctor's note required if reason is medical)
 Other: Please provide a brief description of why you are canceling your registration:

For **medical/family emergency requests**, a full refund of the \$100 deposit plus any additional monies may be requested. Please specify the amount of refund you are requesting. \$ _____
Name and address for refund to be sent:

For **other** requests, a portion of the \$100 deposit may be **transferred** to another participant for a fee of \$35. Any money in excess of the \$100 deposit may be refunded. Please specify the amount you are requesting to be refunded and the portion of your deposit to be transferred.
Refund: \$ _____
Transfer: \$ _____ Name of participant receiving transfer: _____
Name and address for refund to be sent: _____

Date: _____
Participant Signature: _____ Parent/Guardian Signature: _____
Printed: _____ Printed: _____

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For CE National office use: Date Received: _____
Date of Decision: _____

Approved
 Not Approved
Reason Not Approved: _____
