

Cancellation Request Form

Dartici	nant'e l)otaile
raittu	pant's D	/Clallo

Last name	Middle name	First name
Person in C	harge of Payment	
Participant		
Company		
Requester		
Telephone	E-mail	
l,		, am aware that to
after March 3		gistration fee paid, and that for cancellations received he reimbursement value will be equivalent to 50% (fifty
Note: All refu	ınds will be done through chargeback	c reversal via the credit card used for registration.
	City	Date
	S	ignature

Achievement





