**Cancelations and Refunds Form**

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| --- |
| **1. Information** |
| Name |  |
| Company name |  |
| Job title |  |
|  |
| **2. Contact** |
| Telephone |  |
| E-mail |  |
|  |
| **3. Request for Cancelations** |
| Type of registrations | 🞏 Booth Registration |
| Price |  |
| Method of payment | 🞏 Credit Card 🞏 Bank Transfer |
| Payment date | YYYY/MM/DD |
| Account for refunds | Bank : Account No. : Account Name :※ Payment refund takes an estimated period of one week. |
| The reason of cancelations |  |

Name : (Signature)