

Cancellation Form

Please review PRIM&R's full Cancellation Policy on our policies page before submitting this form: primr.org/policies.

Cancellations must be made by completing and returning this cancellation form no later than **30 days before the program**. (PRIM&R does not accept registration cancellations for any virtual programs where recordings of the program/event will be available after the live broadcast.) Refunds for cancellations received within this timeframe, minus a processing fee (\$75 for PRIM&R members; \$100 for nonmembers) will be issued. Refunds will be processed within 60 days of the conclusion of the program/event. Refunds will not be issued for PRIM&R membership dues.

Registration cancellations must be emailed to registration@primr.org before the start date for the program. Once your cancellation is complete, a confirmation email will be sent from PRIM&R. Please keep this email for your records.

Registrant Information

Name, Credential(s): _____
Title: _____
Institution: _____
Address: _____
City/State/Zip Country: _____
Phone: _____
Email: _____

- I do not wish to be refunded; please donate the balance of my registration fees to the [Joan Rachlin Scholarship Fund](#).

Payment Information

If original payment was made via check:

Please indicate the address the refund check should be sent to (if different from the address above):
Please indicate who the refund check should be made payable to:

If original payment was made via ACH:

Please indicate the checking account number:
Please indicate the ABA routing number:

If the original payment was made via credit card: *(Only the credit card used for purchase may be refunded.)*

Card Type (select one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express

Card Number (last four digits):	Expiration Date:	CVV:
Name of Card Holder:		

Signature: _____ Date: _____

Print name: _____

For office use only

Date: _____ ID#: _____ Original Amount Paid: _____ Amount to Refund: _____
Approval: _____ Date Approved: _____