Please fill out this form, make a copy for your records and mail it to: Norwescon Attention: Registration

Attention: Registration PO Box 68547 Seattle, WA 98168-0547

## NORWESCON REQUEST FORM FOR MEMBERSHIP REFUND

I,	will not be able to attend Norwescon # I am
(PLEASE PRINT)	
submitting this request for a refund	d of \$ for my membership. I have attached a copy of
my membership form, as required,	, and a statement of why I am requesting a refund. I understand
that as a general rule memberships	s at Norwescon are not refundable. Exceptions are granted on a
case-by-case basis. Approval is by	the Member Services Department Head, and one other
Executive Team member, in coord	lination with the Head of Registration. If a convention badge
was issued, it must be returned bef	fore a refund will be considered. If the membership was paid in
cash, the refund will be issued in c	eash; otherwise, the refund will be paid by check 6 to 8 weeks
after the convention.	

Badge # was returned to			
Member Signature I		/	_/
Registration Use only:			
Date completed form was received by Norwescon Registration://			
YES NO / Member Services Dept. Head		_Date:	//
/ Head of Registration		_ Date:	//
/ Executive Team Member		_ Date:	_//
Date \$ in (cash) / (check #) was (handed) / (mailed) to n	nember:	//	/