



93rd Annual Conference

Cancellation / Name Change Request

To receive a full refund, cancellation requests must be submitted by 5/10/24. After that date, a cancellation for any reason will result in 50% of the registration fee being returned.

Full Name: _____

Title: _____

City/Organization: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell:** _____

Email: _____

Pick an option below:

☐ **Cancellation Request**

☐ **Name Change**

Name and title to be removed _____

Name and title to be added _____

Signature _____ **Date** _____