

Florida Office of The Attorney General National Conference on Preventing Crime May 27-29, 2020 Miami, Florida



CONFERENCE REFUND REQUEST

Attention: Refund Request must be received by May 11, 2020. All Refund Request received after May 11, 2020, will be processed on a case by case basis. Only one person per form, you cannot place multiple refunds on one form or it will be returned to you.

| Registrant's Last Name: | | Fir | First Name: | | ial: | |
|------------------------------------|---------------------|----------------------------|---------------------|-------------------------------|-----------------------|--|
| Agency/Organizat | ion: | | | | | |
| Street Address: | | | | | | |
| City: | | Sta | State: | | Zip Code: | |
| Phone Number: E-Mail Add | | | : | | | |
| Reason for Reques | t: Please select | one. | | | | |
| Registrant unab | ole to attend confe | erence. Reg | istration received | too late for this conference. | | |
| Check imprope | rly issued (i.e., w | rong payee). | er: Overpayment | Amount | | |
| Information requi | red to process re | efund: | | | | |
| State Agency: Agency Name: FEID #: | | | | | | |
| Individual: Individual's Name: | | | | SSN: | | |
| Other: Organization Name: | | | | FEID #: | | |
| Please indicate who | ere the payment | should be sent: | | | | |
| Name: | | | | | | |
| Mailing Address: | | | | | | |
| City: | | | te: | Zip Code: | Zip Code: | |
| Please select one of | f the following ty | ypes of registration: Plea | ase select only one | 2. | | |
| Adult Re | egistration | Teen Re | ☐ Teen Registration | | ☐ Vendor Registration | |
| Registration Fee: | \$275.00 | Registration Fee: | \$160.00 | Registration Fee: | \$320.00 | |
| Administrative Fee: | -\$25.00 | Administrative Fee: | -\$25.00 | Administrative Fee: | -\$25.00 | |
| Total Refund Due: | \$250.00 | Total Refund Due: | \$135.00 | Total Refund Due: | \$295.00 | |