

FAPSC 2017 Broward Region Faculty Conference REGISTRATION CANCELLATION / SUBSTITUTION FORM



July 28, 2017
Marino Campus – Fort Lauderdale

CANCELLATIONS *Cancellations must be made by July 25, 2017. After July 25, no refunds shall be issued for cancellations. An administrative fee of \$25 will be charged for each cancellation.*

Registrant: _____ Title: _____

E-mail: _____

Registrant: _____ Title: _____

E-mail: _____

SUBSTITUTIONS *After July 25, 2017, all substitution registrations must be made on-site. A substitute registrant must plan to attend the same event as the registrant they are replacing. An administrative fee of \$25 will be charged for each substitution.*

New Registrant: _____ Title: _____

E-mail: _____ Dietary Allergies/Restrictions: _____

Replacing Original Registrant: _____

New Registrant: _____ Title: _____

E-mail: _____ Dietary Allergies/Restrictions: _____

Replacing Original Registrant: _____

Institution Name: _____

Address: _____

City, State, Zip: _____

Phone: () _____ Fax: () _____

Name of Person Completing this Form: _____

Number of Cancellations/Substitutions: _____ x \$ 25 = \$ _____

Total Payment Due

Remit Payment to:

FAPSC

P.O. Box 13654

Tallahassee, FL

32317-3654

(850) 577-3139, phone

(850) 577-3133, fax

mail@FAPSC.org

www.FAPSC.org

Payment Method: VISA MasterCard American Express Check/ Money Order Enclosed **made payable to FAPSC**

Name on Card: _____ Amount Authorized: _____

Billing Address: _____

City/State/Zip: _____

Card #: _____ 3 Digit Code: _____ Exp. Date: _____

Cardholder Signature: _____