



Cancellation / Refund Request Form – Please Print or Type

Date _____ Registration # _____

First Name _____ Last Name _____

Address _____

Email _____ Phone _____

Reason for the Request _____

Amount of Refund Requested _____ Registrant Signature _____

**Please fax completed form to 1-708-344-4444 or
mail to 2010 IEEE PES CONFERENCE, P.O. Box 591, Brookfield, IL 60513-0591.**
All cancellation requests must to be received by March 19, 2010 and will be subject to \$35 cancellation fee.
Cancellation requests received after March 19, 2010, may NOT be honored.
Approved refunds will be processed after April 30, 2010.
There are no refunds on any tour or lunch tickets.

For Registration Policies, please check <http://www.ieeet-d.org/register.html>
Please call Customer Service at 1-877-303-0722 or 1-708-486-0722 if you have any questions.

For Registration Chair Use Only

Amount Approved \$ _____ Signature _____ Date _____

For Treasury Use Only

Amount Refunded \$ _____ Method: Credit Card on file Check # _____

Date Refund Issued _____ Signature _____