



ON-SITE CANCELLATION / CHANGE OF ATTENDEE FORM

Note: If you have pre-registered and cannot attend the conference, you must send us written notice of your cancellation. If you do not cancel by close of business (5:00 pm EDT) June 15, you will be responsible for the full amount of the registration fees, and will be billed.

A. CANCELLATION

Name of Registrant to be Canceled:

| | | | | | |
|---------------------------|------|--|---|---|---|
| Cancellation Fees: | | | <input type="checkbox"/> \$25 (Thru May 20) | <input type="checkbox"/> \$50 (May 21-June 3) | <input type="checkbox"/> \$75 (June 3-15) |
| Pre-Payment was Made by: | | | <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card | |
| Institution/Organization: | | | Make Check Payable To: | | |
| Address: | | | | | |
| City: | | | State: | Zip: | |
| Phone: | Fax: | | E-Mail: | | |

If paid by credit card, please provide the credit card information used to make the original credit card payment so we can apply the refund (we do not store this information in our system):

| | | | | |
|-----------------------------|---|-----------------------------------|-------------------------------------|-------------------------------|
| Select One: | <input type="checkbox"/> American Express | <input type="checkbox"/> Discover | <input type="checkbox"/> MasterCard | <input type="checkbox"/> Visa |
| Credit Card No.: | | | Exp Date: | |
| Name As it Appears on Card: | | | Security Code (On Back): | |
| Signature: | | | Date: | |

B. CHANGE OF ATTENDEE

Name of Previously Registered Attendee:

| | | | |
|----------|------|---------------------------|---------|
| Title: | | Institution/Organization: | |
| Address: | | | |
| City: | | State: | Zip: |
| Phone: | Fax: | | E-Mail: |

Name of New Attendee:

| | | | | |
|--------------------------|------|--------------------------------|------------------------------|-----------------------------|
| Name/Informal for Badge: | | Is This Your First Conference? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Title: | | Institution/Organization: | | |
| Address: | | | | |
| City: | | State: | Zip: | |
| Phone: | Fax: | | E-Mail: | |

Complete this form and return it to the On-Site Registration Desk at the Marriott Wardman Park in Washington, DC.
 Do NOT mail or fax to the NASFAA office.
 Questions? Contact Membership Services at Membership@NASFAA.org or (202)785-0453 Ext. 1.