



**Refund Request Form
2009 State Leadership Workshop**

----->Make a copy for your files

School Name

Date of Request

Adviser Printed Name

Adviser E-mail Address

Check Should Be Made Payable to the Person/Organization Shown Above

Check Should Be Mailed to the Address Shown Above (include full mailing address)

\$ _____
Total Refund Requested

Adviser Signature

Name of Individual(s) for Whom the Refund is Requested, the Amount, and the Reason:

----->List everyone on this form if one refund is requested for all individuals

----->Submit a separate form for each person if individual refunds are requested

First Name/Last Name	Amount Requested	Reason for Refund Request
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

State Leadership Workshop registration/lodging refunds are made under the following conditions:

1. All refund requests must be made in writing using the form posted on the PA FBLA web site. The form, with the adviser's signature, may be faxed to 570.398.1204 or e-mailed as a PDF file to execdirector@pafbla.us.
2. Full registration/lodging refunds will be given if postmarked on or before October 1, 2009, which is 30 days prior to opening date of the workshop. No refunds will be given for requests postmarked October 2, 2009, or later.
4. No refunds will be given for cancellations made while checking in to the hotel on October 31 (if applicable), or November 1.

All refund requests must be sent to:
Mr. Bruce E. Boncal
PA FBLA Executive Director
P.O. Box 5085
Jersey Shore, PA 17740
570.398.1204 (fax)
e-mail: execdirector@pafbla.us