



THE NETWORK FOR SOCIAL WORK MANAGEMENT

REFUND REQUEST

Please fill out this form and send it to:

The Network for Social Work Management

908 E. 8th St.

Los Angeles, CA 90021

OR E-Mail to: info@socialworkmanager.org

Payment Type:

CHECK

CASH

PAYPAL

*Refund Amount: \$ _____

Invoice Date: _____ Invoice/Transaction Number: _____

Refund Request Date: _____

Refund Payable To: _____

CONTACT INFORMATION

Name: _____

Title: _____

Company: _____

Address: _____

E-Mail: _____

Phone: _____

PLEASE PROVIDE AN EXPLANATION OF THE REASON(S) WHY YOU ARE REQUESTING A REFUND:

***Cancellation Policy:** All refund requests must be made in writing. Requests may be e-mailed or mailed ONLY. Full refunds are offered to registrants who make requests no later than 60 days prior to the first day of the conference. Half refunds are offered to registrants who make requests between 30 and 60 days prior to the first day of the conference. Refunds requested within 30 days of the conference will not be authorized. All refunds requests will be assessed a **\$25 processing fee**. Send refund requests to: **The Network for Social Work Management, 905 E. 8th St., Los Angeles, CA 90021.**