



Refund Request Form- Instructional Programs

This form is to be used to request a refund for a payment that was made for a **Instructional Program**. Once this form is received, the request will be reviewed. If this request is approved, a check will be sent to the address listed below. If this request is not approved, a letter will be sent to the address listed below, indicating the reason why the request was not approved. **This form should be returned to Membership Services or faxed to (585) 395-2884.**

Date of Request: _____ Program/Event: _____

Name of person who made the original payment: _____

Participant's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

E-mail: _____

Requested Refund Amount: _____ **Original Payment Method:** _____

Reason for Request (If requesting a refund due to injury/illness, please include a physician's note)

For Office Use Only

- Office Staff- please find and copy the original receipt and attach to this form!

Status of request: _____ Approved _____ Not Approved

Refund amount to be issued: \$ _____

Refund to be issued from: IFR _____ Other(_____)

Program Credit issued instead of refund: # _____