



Conference Refund, Credit, or Transfer Request Form

Registrant's Name:

Address:

Phone:

Email Address:

Please select one of the following reasons for your request:

- Illness or debilitating health condition for yourself, significant other (domestic partner or spouse), or an immediate family member. The illness must be documented with a physician's letter.
- Death of an immediate family member or significant other (domestic partner or spouse) or service animal that restricts travel and full conference participation by the registrant. The death must be verified by a death certificate, an obituary, or other reasonable means.
- Travel cancellations due to natural disasters or government issued warnings against travel for safety and/or security reasons.

Other circumstances.

I would like a credit applied to next year's conference.

I would like to transfer credit to:

Please provide any additional information you may consider important in processing your refund request in the space provided below or attach a separate sheet:

** All conference refund requests are confidential & personal information will not be shared. **

Please return this form and required documentation in one of the following ways:

Email: office@nadta.org

Fax: 518.463.8656 attn. NADTA

Mail: North American Drama Therapy Association

Attn: NADTA Conference Registrar

1450 Western Avenue Suite 101

Albany, NY 12203