



111 Santa Rosa Avenue, Suite 222 Santa Rosa, CA 95404-4945

SCBA Seminar & Event Refund Request Form

If You Are Registered and have already paid for an SCBA Seminar or Event and Are Unable to Attend,
Fill Out This Form and Return it to the SCBA Office as Instructed at the Bottom of this Page.

One Refund Request per Form.

Refund for (Name of Registrant) (Required): _____

Date & Name of Program (Required): _____

Reason for Refund (Required):

Original Payment Information (Required):

Paid by (check one only):

- Check • Check Number: _____
- Credit Card • Last 4 Digits of the Credit Card Number: __ __ __ __

Name on Card: _____

- Cash
- Online on SCBA's Website

Information for Refund Check (Required):

Pay to the Order Of: _____

Mailing Address: _____

Signature (Required): _____ **Date:** _____

Print Name: _____ **Phone Number:** _____

Email: _____

Return this Form to the SCBA Office by:

MAIL: 111 Santa Rosa Ave., Ste. 222, Santa Rosa, CA 95404 • FAX: (707) 542-1195

EMAIL: Ann@SonomaCountyBar.org

ALL REFUNDS WILL BE ISSUED BY CHECK VIA U.S. MAIL WITHIN TWO WEEKS UPON RECEIPT OF THIS FORM