

CSDA 2024 ANNUAL MEETING – MAY 15-17 REGISTRATION CHANGE REQUEST FORM

Registrant Full Name: _____

Confirmation # (if known) _____ E-mail: _____

PLEASE COMPLETE ALL APPROPRIATE SECTIONS.

SECTION 1 – COURSES AND/OR SOCIAL EVENTS BEING ADDED*:

**Please note: Social Events include the Thursday evening party and Express Lunches.*

Course Code or Event to add: _____ Ticket Price (if applicable) \$ _____

Course Code or Event to add: _____ Ticket Price (if applicable) \$ _____

Total due to CSDA for additional class(es) and/or event(s) \$ _____

SECTION 2 – COURSES OR SOCIAL EVENTS BEING CANCELLED:

Course Code or Event to cancel: _____ Ticket Price (if applicable) \$ _____

Course Code or Event to cancel: _____ Ticket Price (if applicable) \$ _____

Total refund due for cancelled class(es) and or event(s) \$ _____

SECTION 3 – PAYMENT OR REFUND DUE (please check only one box):

I originally paid by **credit card** so please issue the refund due to that account.

OR

I originally paid by **credit card** and would like the balance now due to the CSDA charged.

Card Used:

Name on card: _____

Card #: _____

Exp. Date: _____ CSV#: _____

Signature: _____

I originally paid by **check** so please issue me a refund check.

OR

I have enclosed a **check** for the additional money now due to the CSDA.

INSTRUCTIONS:

Email or Fax this completed form attn. Dawn Champagne dchampagne@csda.com or 860-378-1807

Questions about your registration? Call Dawn Champagne 860-378-1800