

NDLA Conference Refund Request Form

Use this form to request a refund of payment made to NDLA for the Conference

Your Name: _____	Date: _____	Refund Amount \$ _____
Make Refund Check Payable to:	_____	
Send Refund Check to (address):	_____	
	_____	
	_____	
Original payment made by: _____		
Date of payment: _____	Amount of Payment: \$ _____	
Method of Payment: _____		
Purpose of Payment: _____		
Reason for Refund _____		
Comments _____		

Your Signature \_\_\_\_\_ E-mail \_\_\_\_\_ DT Phone: \_\_\_\_\_

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**Please return form with receipts and direct questions to Will Martin, Chester Fritz  
Library Room 202A, 3051 University Ave Stop 9000, Grand Forks, ND 58202-9000  
Phone: 701.777.4638; e-mail: past.president@ndla.info**

Conference Chair Approval \_\_\_\_\_ Date \_\_\_\_\_