

**NDLA 2007 Annual Conference  
September 26 - 28, 2007  
Jamestown, ND – Jamestown Civic Center**

Refund Request Form

*Use this form to request a refund of payment made to NDLA*

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: \$ _____	
Purpose of Payment:	_____	
Reason for Refund	_____	
Comments	_____	

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

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**Please return form to Donna James, Allen Memorial Library, 101 Collegte St. SW,  
Valley City, ND 58072-4098 ; Phone: (701) 845-7275 ; e-mail:  
donna.james@vcsu.edu**

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