

NDLA Conference Refund Request Form

Use this form to request a refund of payment made to NDLA for the Annual 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 _____ DT Phone: _____

E-mail _____

**Please return form with receipts and direct questions to
Kerriane Boetcher
708 23rd Ave NW Minot, ND 58703
Phone: 7018574960
e-mail: past.president@ndla.info**

Conference Chair Approval: _____ Date: _____