



## Attendee Change/Cancellation Request Form

CVC in Baltimore

CVC in Kansas City

CVC in San Diego

### Attendee Information

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Date of Submission

\_\_\_\_\_  
Clinic

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
E-mail

### **Who is making the request?**

Registered Attendee

Other - Please specify name and relationship \_\_\_\_\_

(Ex: John Smith – Practice Manager)

### **What is the request being made?**

Addition

Change

Cancellation

**Notes:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Payment Information

*\* Please note: Even if you have already registered, credit card information is required to make a change or cancellation to your registration*

Check Purchase/Refund

**Total:** \_\_\_\_\_

Credit Card Purchase/Refund

Amex

MasterCard

Visa

Card Number: \_\_\_\_\_

Exp: \_\_\_\_\_

Security Code: \_\_\_\_\_ Cardholder's Name \_\_\_\_\_

***\*Please Fax your completed form to The CVC Group at (913)871-3908 or mail 8033 Flint, Lenexa KS 66214***

### For CVC Use Only

Taken By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_