

**SIG EVENT/WORKSHOP: PARTICANT REFUND
INSTRUCTION SHEET & REQUEST FORM**

Please read the following GUIDLINES and PROCEDURES for completing a participant refund process

Occasionally a person after registering and paying for a SIG event/workshop has sufficient reason to request and receive a refund of payment.

The SIG Chairs/s have the discretion to decide if a refund request is appropriate and to advise the CFO and Administrator as to their decision.

GUIDLINES

- Requests for refunds ordinarily should be made before the event except in extenuating circumstances.
- LA-CAMFT wants to have a reasonable policy when it comes to refunds and has a goal of only denying refunds if it is an abuse of the system or the request is not made in a timely fashion.

PROCEDURE

When a SIG Chair/s determines a refund is within the guidelines noted above, they may do the following:

1. Fill out a *Participant Refund Request* (see attached) and email it to the LA-CAMFT Administrator and the Treasurer.
2. The Administrator or CFO will process the refund request and do one of the following:
 - a. If payment was made by credit card, a credit card refund will be issued
 - b. If payment was made by check, the check will be returned to the payee on the check, or if the check was deposited, an LA CAMFT check will be issued.

If the SIG Chair or the registrant has a question about a specific refund, contact the Administration or CFO for discussion.

As of the publication of this manual the Chief Financial Officer and Administer are as follows:

| | |
|--|--|
| CFO: Billie Klayman | Administrator: Christina Bielfelt |
| Email: billie@lacamft.org | Email: christina@lacamft.org |
| Phone: (818) 458-3379 | Phone: (323) 964-3200 |

(Continued)

EVENT PARTICANT REFUND REQUEST

please fill out this refund request form and email to the *CFO* and *Administrator* noted below

Today's Date:

SIG Name:

SIG Chair:

Phone:

Event/Workshop Date:

Event/Workshop Title:

Venue:

PARTICIPANT INFORMATION

Participant's Name:

Phone:

Mailing Address:

Email:

Date of Payment:

Method of payment:

Amount Paid:

Refund Amount:

As of the publication of this manual the Chief Financial Officer (CFO) and Administrator are:

CFO: Billie Klayman
Email: billie@lacamft.org
Phone: (818) 458-3379

Administrator: Christina Bielfelt
Email: christina@lacamft.org
Phone: (323) 964-3200

Office use only:
Refund approved by _____
Amount refunded: _____ Date: _____ Delivery method: _____