



AWSC Annual Convention Registration Refund

March 20, 21, & 22 2020

Madison Marriott West – Middleton, WI

NO REFUND WILL BE ISSUED UNLESS THIS FORM IS FILLED OUT

Check written to: _____

Name of person requesting: _____

Club Name & County: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Please cancel and refund the following registration:

Name of registrant: _____

Refund requested for:

- | | |
|--|--|
| <input type="checkbox"/> Adult Registration Fee (\$15) | <input type="checkbox"/> Past President/Spouse Adult Banquet (\$0) |
| <input type="checkbox"/> Adult Registration Fee (\$25) | <input type="checkbox"/> Children's Meal (10 & under) (\$10) |
| <input type="checkbox"/> Director, Rep, Youth Advisor Registration (\$0) | <input type="checkbox"/> Cancel Bus Trip (\$30) |
| <input type="checkbox"/> Spouse of Director or Rep Registration (\$0) | |
| <input type="checkbox"/> Adult Banquet (\$32) | |

Individual Total of Refund: \$_____

Name of registrant: _____

Refund requested for:

- | | |
|--|--|
| <input type="checkbox"/> Adult Registration Fee (\$15) | <input type="checkbox"/> Adult Banquet (\$32) |
| <input type="checkbox"/> Adult Registration Fee (\$25) | <input type="checkbox"/> Past President/Spouse Adult Banquet (\$0) |
| <input type="checkbox"/> Director, Rep, Youth Advisor Registration (\$0) | <input type="checkbox"/> Children's Meal (10 & under) (\$10) |
| <input type="checkbox"/> Spouse of Director or Rep Registration (\$0) | <input type="checkbox"/> Cancel Bus Trip (\$30) |

Individual Total of Refund: \$_____

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Individual Total of Refund: \$_____

Name of registrant: _____

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Individual Total of Refund: \$_____

additional pages can be added

REFUND REQUEST MUST BE RECEIVED BY MAY 22, 2020

Please Note: If you are attending you are required to pay the registration fee. This includes hospitality workers.

ALL REFUND REQUESTS CAN BE EMAILED, FAXED OR MAILED

If you are mailing please send to AWSC, 529 Trail Side Drive, DeForest, WI 53532

OFFICE USE ONLY

PAYMENT INFORMATION / CHECK / CREDIT CARD

Total Due: \$_____

Check # _____

Date Check Sent: _____