



2011 Crystal Drive, Suite 725
Arlington, Virginia 22202
Phone: 703-836-6263 Fax: 703-836-6730

REFUND REQUEST FORM

First Name: _____ Last Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Refunds will be processed according to the original method of payment. Payments made by cash will be refunded as a check. Refund checks will be made payable to the issuing company and mailed to the primary address on file.

Note: All refunds will be processed after the Legislative Conference concludes.

Signature: _____

Please submit this form via fax to the number listed at the top of this form,
or by email to ashleyw@aaahomecare.org.

FOR OFFICE USE ONLY

Member Refund: Non-Member Refund:

Refund Date: _____

Amount of Refund: _____

Refund Type: Check Visa MC AMEX