



REFUND/SUBSTITUTION REQUEST FORM

The following cancellation rules and regulations apply:

Cancellations received by August 31, 2009, will receive a 100% refund, less a \$100 processing fee.

Cancellations received after August 31, 2009 and before October 9, 2009 will receive a 50% refund, less a \$100 processing fee.

No refunds will be given after October 9, 2009, and registrations received after this date are not eligible for refunds.

Reason for Refund/Substitution Request: _____

CONTACT INFORMATION

Registrant's Name _____

Company _____ Title _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

E-mail _____

Signature _____

Registration Confirmation # _____

SUBSTITUTION INFORMATION (if applicable)

Registrant's Name _____

Company _____ Title _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

E-mail _____ Country of Citizenship _____

Refunds are issued in the form of a check or refund to the original credit card used by the individual that registered. All approved refunds will be processed within two weeks after GEOINT 2009.

GEOINT 2009

c/o USGIF
2325 Dulles Corner Blvd, Suite 450
Herndon, VA 20171
703-793-0109 Phone
703-793-9069 Fax

For Office Use Only

Original Registration Date: ___/___/___

Registration Amount: \$ _____

Refund Request Received: ___/___/___

Refund Amount: \$ _____

Approved by: _____

Date Approved: ___/___/___

Refund Notes: _____

