



## CANCELLATION REQUEST FORM

All cancellation request forms will be processed after International Vision Expo West beginning in October and credit rollovers will be issued. You will receive notification of your credit rollover within 60 days of processing. Credit rollovers are valid for International Vision Expo West 2012 or East 2012 Continuing Education.

Date of Request: \_\_\_\_\_

Badge ID #: \_\_\_\_\_

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

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

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Day Time Phone Number: \_\_\_\_\_

Amount Paid (US DOLLARS): \$ \_\_\_\_\_

Reason for Cancellation (provide explanation below):

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Send Cancellation Request Forms to:  
Cancellation - International Vision Expo West  
c/o Reed Exhibitions  
383 Main Avenue  
Norwalk, CT 06851  
Attn: Lisa Colson  
Or, fax to 203-840-9442