



TASB Risk Management Fund Events Cancellation/Substitution Request Form

For TASB use only: _____ Event Code

Date of Request _____

District/Entity _____

Event Name _____

Event Date _____ City _____

Attendee Name(s) _____

Person Submitting Request _____

Phone _____ E-mail _____

All requests are subject to review and terms as specified in event confirmation.

Please check appropriate box:

Canceling

Substitute will attend in place of original registrant.

Name of Substitute _____ Title _____

Phone _____ E-mail _____

E-mail to registrar@tasb.org.

Questions? Contact Meeting Registrar at registrar@tasb.org or 800.580.8272, extension 2219.

<i>For TASB use only</i>			
Registration Date _____	Amount \$ _____	Initials _____	
CC # (last 4 digits) _____	Name on Card _____	Auth Code _____	
Check # _____	Reference # _____		