

Request Form

NC AWWA-WEA
2841 Plaza Place, Suite 130
Raleigh, NC 27612
Phone: (919) 784.9030 Fax: (919) 784.9032



The following information is necessary to locate an individual's registration/payment records. Complete as much information as possible. Incomplete information may cause a delay in the processing of your request. Requests can usually be processed within 5 business days (except refunds).

Contact Information for Person Submitting Request *(All Refunds, receipts, and certificates will be sent to this person.)*

Name _____ Employer _____

Complete Mailing Address *(include city, state & zip code)* _____

Phone: _____ Fax: _____ Email: _____

REFUND REQUEST

Please note that all refunds will be issued minus a \$30 administrative fee and will be made according to original payment method. Refunds for event registrations will not be processed until the conclusion of the event. For refunds on book orders, shipping & handling charges will not be refunded and books must be returned in their original condition.

Type of purchase: Registration Book Order Other _____

Registrant's Name/Name on Book Order _____

Refund Method *(If you select credit card, the amount must be refunded to the original credit card used.)*

- Credit Card: Last 4 digits of card _____
 Check - Made payable to _____

Event Name _____ Event Date _____

Reason for Refund Request _____

Total Fee Paid _____ - Administrative Fee \$30 = Total Refund _____

DUPLICATE RECEIPT

Type of receipt needed: Event Registration Book Order Invoice SLAM Receipt Other _____

Should receipt be: Mailed Faxed Emailed *(receipts related to book orders & SLAM cannot emailed)*

Registrant or Purchaser Name _____

Event Name _____ Event Date _____

Amount Paid _____ Payment Method _____ Paid By _____

Credit Card # _____

Cardholder Name _____ Date of Charge _____

DUPLICATE CERTIFICATE

Please note that there is a \$15 for each duplicate certificate. Certificates can NOT be faxed.

Name of Attendee _____ Reason for Duplicate _____

Event Title _____ Event Date _____ Event Location _____

Signature of Attendee *(required)* _____ Date _____

If you wish to pay by credit card, please complete the following information.

Card Type: Visa/MasterCard American Express

Card Number _____ Exp Date _____ V Code _____

Complete Billing Address *(include city, state & zip)* _____

Phone Number of Cardholder _____ Print Name of Cardholder _____

Signature of Cardholder _____

I authorize NC AWWA-WEA to charge \$15 to the above credit card.