## **Training Course Cancellation Form**

To complete this form, types in the spaces provided below and send to the address listed at the bottom of the form

| Course to be Cancelled:  |   |                            |                     |
|--|---|----------------------------|---------------------|
| Date of Course to be Cancelled:                                  |   |                            |                     |
| Refund Options (check one):                                      |   |                            |                     |
| Please send me a refund in acc                                   | ordance with you                                  | r policy.                  |                     |
| Please enroll me in an alternate                                 | e course listed belo                              | ow instead of sending me a | refund.             |
|  |   | Course Da                  | te:                 |
| Personal Information   |   |                            |                     |
| Name   | Email   |                            |                     |
| Employer   |   |                            |                     |
| Address  |   |                            |                     |
| City   | State   | Zip Code                   |                     |
| Work Phone #   |   |                            |                     |
| Cancellation Requirements: We course date. Cancellations must be | •   | •                          | ) days prior to the |
| Submit Cancellation Form to eit                                  | her address liste                                 | d below:                   |                     |
| EMAIL ADDRES   | S: bcei@nhpj.                                     | com                        |                     |
| POSTAL ADDRE   | SS:   |                            |                     |
|  | Business & Cor<br>P.O. Box 1042<br>Greenbelt, Mar | mmunity Empowerment Ins    | stitute             |

20768-1042

Date: