



CANCELLATION REQUEST FORM

All cancellation request forms will be processed after Vision Expo West beginning in April and credit rollovers will be issued. You will receive notification of your credit rollover within 60 days of processing. Credit rollovers are valid for Vision Expo East or West 2019 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):

Send Cancellation Request Forms to:
Cancellation - Vision Expo
c/o Reed Exhibitions
383 Main Avenue
Norwalk, CT 06851
Attn: Client Services
Or, fax to 203-840-9610