



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 East 2018 or West 2018 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 - International Vision Expo West
c/o Reed Exhibitions
383 Main Avenue
Norwalk, CT 06851
Attn: Client Services
Or, fax to 203-840-9610