



**2010 ICES Convention and Show
San Diego, California
August 12- August 15, 2010**

OFFICIAL REGISTRATION REFUND REQUEST FORM

Name: _____
(please print clearly and use the same name as used on registration form)

Address: _____

City: _____ **State:** _____

Country; _____ **Zip Code:** _____

Phone #: _____ **Email:** _____

REFUND REQUESTED FOR:

Registration: Member Early Bird (by June 1) _____ Regular (June 2 –July 20) _____
Non-Member Earlybird (by June 1) _____ Regular (June 2 – July 20) _____

Additional Meals: Banquet _____ Friday Breakfast _____
Shop Owners _____ Representatives _____

Show Souvenir pin: _____

Refunds requested postmarked prior to 6/1/2010 will receive 75% of registration fee;
and full refund of additional meal tickets and show souvenir pin.

Refunds requested postmarked after 6/1/2010 and prior to 7/20/2010 must be
accompanied by a doctor's statement or a U.S. Visa denial. Such refund requests will
receive 50% of registration fee; and full refund of additional meal tickets and show
souvenir pin.

NO REFUNDS will be accepted or paid after 7/20/2010.

Refund requests may be held up to thirty (30) days after the close of the convention.

Mail this form to: Jason Pritchett
2010 ICES Show Treasurer
2331 Crimson Avenue
Rosamond, CA 93560