



**CAL POLY**  
**Conference**  
**& Event Planning**  
 Request for Refund Form

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Request to Reimburse (Payee Name): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Event Title: \_\_\_\_\_ Event Dates: \_\_\_\_\_

Method of Payment (for event):  Credit Card  Check

Reason For Refund:  
 \_\_\_\_\_  
 \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

**Conference & Event Planning's Refund Policy**

Conference and Event Planning must receive cancellation requests in writing 15 days prior to the event start date in order to receive a refund less the non-refundable deposit and the 3% payment handling fee.

NO REFUNDS will be granted for early departures, parking permits or citations, non-refundable deposits, or unused housing.

Please allow 4-6 weeks for the refund request to be processed. For payments made by check, any refund approved will be issued by check and mailed. For payments made by credit card, any approved refund will be credited to the same credit card.

**Return Address**

Cal Poly Conference & Event Planning  
 Cal Poly Corporation  
 1 Grand Avenue  
 Vista Grande Building 112, 3rd Floor  
 San Luis Obispo, California 93407

Email: conference-eventplanning@calpoly.edu

Fax: 805-756-7601

**\*Sign Here**  **Payee Signature:** \_\_\_\_\_

**Conference & Event Planning's Use Only**

Dept. Signature: \_\_\_\_\_ Accounting Staff Signature: \_\_\_\_\_

Registration Fee: \$ \_\_\_\_\_ CEP Non-Refundable Deposit: \$ \_\_\_\_\_ Refund: \$ \_\_\_\_\_

Account Number: \_\_\_\_\_ Date Completed: \_\_\_\_\_

3% Payment Handling Fee: \$ \_\_\_\_\_