



CANCELLATION REQUEST FORM

All cancellation request forms will be processed after International Vision Expo East 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 International Vision Expo East 2011 or West 2010 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 East
c/o Reed Exhibitions
383 Main Avenue
Norwalk, CT 06851
Attn: Lisa Colson
Or, fax to 203-840-9442