



SEMINAR/EXAM CANCELLATION FORM

LAST NAME												FIRST NAME												MI

DATE OF BIRTH MM/DD/YY					

U.S. SOCIAL SECURITY NUMBER					

MEMBERSHIP / ACCOUNT #					

CURRENTLY SCHEDULED (please check one): **SEMINAR ONLY** **EXAM ONLY** **SEMINAR AND EXAM**

SITE CODE: _____ **DATE MM/YY:** _____ **CITY/STATE:** _____

I fully understand my request must be submitted to AWS no later than two weeks prior to my current scheduled seminar and/or exam date. If this request is received LESS than two weeks prior, I will be charged a rescheduling fee. (Please refer to the attached AWS Exam Cancellation Refund Policies and Other Fees.)

(Signature)

(Date)

THIS FORM MAY BE FAXED TO THE CERTIFICATION DEPARTMENT: 305-443-6445

BELOW IS FOR AWS USE ONLY			
CERTIFICATION BUSINESS UNIT:			
Date Received: _____		Sent to Accounting for processing by: _____ <small>(Coordinator's Initials)</small>	<input type="checkbox"/> Copy of check or/and front page of application on file
Notes:			
↓ACCOUNTING BUSINESS UNIT↓			
Quantity	Produce Category Code	Amount	Description
Account # _____			

