## **Greater Greenville Association of REALTORS®**

## **EDUCATION COURSE TRANSFER/CANCELLATION FORM**

CANCELLATIONS, TRANSFERS & REFUNDS: Deadline to cancel or transfer registrations is two working days prior to the event. <u>EFFECTIVE JANUARY 1, 2009 A \$10.00 ADMINISTRATIVE FEE WILL BE CHARGED PER COURSE CANCELLED OR TRANSFERRED</u>. ALL Cancellations/transfers must be in writing: email: leah.duke@ggar.com or fax to 864-672-3207. Telephone cancellations or transfers will not be accepted. Any refunds will be issued within fourteen business days.

NO SHOWS/LATE CANCELLATIONS: No refunds will be given.

| FEE REQUIRED IN ORDER TO PROCESS TRANSFER/CANCELLATION (\$10 per course to transfer or cancel – see above) |                 |             |             |            |      |        |
|--|-----------------|-------------|-------------|------------|------|--------|
| □ Check (Please make checks payable to <i>GGAR</i> ) \$  |                 |             |             |            |      |        |
| □ VISA □ MASTERCARD Total Amount to be Charged: \$   |                 |             |             |            |      |        |
| Credit Card #:   |                 | Expiration: |             |            |      |        |
| Signature (required for o  | credit card cha | rge):       |             |            |      |        |
| Date:  |                 |             |             |            |      |        |
| Cturdont Nomes   |                 |             |             |            |      |        |
| Student Name:  | (First Name)    |             | (Last Name) |            |      |        |
| Company:   |                 | F           | Phone#      | <b>#</b> : |      |        |
| 1 <sup>st</sup> Request:   |                 |             |             |            |      |        |
| Please transfer/cancel _ (CIRCLE ONE)  | (CLASS TITLE)   |             | _ on        | (DATE)     | at   | (TIME) |
| Issue refund <b>or</b>   |                 |             |             |            |      |        |
| Replace with   |                 |             | on          |            | at   |        |
|  | (CLASS TITLE)   |             |             | (DATE)     |      | (TIME) |
| 2 <sup>nd</sup> Request:   |                 |             |             |            |      |        |
| Please transfer/cancel _ (CIRCLE ONE)  | (CLASS TITLE)   |             | _ on        | (DATE)     | at   | (TIME) |
| Issue refund or  |                 |             |             |            |      |        |
| Replace with   | (CLASS TITLE)   | )           | on _        | (DATE)     | at _ | (TIME) |

GGAR
50 Airpark Court
Greenville, SC 29607
Phone: 864-672-4427 \* Fax: 864-672-3207

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