

Refund Form

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| --- | --- |
| First Name |  |
| Last Name |  |
| Affiliation |  |
| E-mail |  |
| Amount of payment |  |
| Reason for cancellation |  |
| Account Information | Beneficiary’s Name:Beneficiary Address & Tel. no.:Bank Name:Bank Address:Bene’s A/C No.:SWIFT CODE: |

**\*Cancellation and Refund Policy**

The Secretariat will refund the registration fee according the following rules.

Notification of cancellation must be received in writing to the Secretariat by e-mail.

Only cancellations made in writing are acceptable.

|  |  |
| --- | --- |
| **Date** | **Amount to be Refunded** |
| By Aug31, 2019 | Full refund |
| After Aug 31, 2019 | No Refund |

-All bank charges for remittance must be paid by the registrants.

-Refunds will be made after the Congress.

If you have any questions about the registration,

please contact the APMASS 2019 Secretariat (apmass2019@gmail.com).