



Training Institute Refund Request

Please complete and return this form to:
 Fax: 415-421-2928 (ATTN: Training Institute) --- Email: trainings@mentalhealthsf.org.

Our complete Refund and Cancellation Policies are found on our website at <http://mentalhealthsf.org/training/cancellations-and-refunds/>. Contact us at trainings@mentalhealthsf.org or 415-421-2926 with any further questions or comments.

1. Training/Attendee Information	
Name	
Training Title	
Training Date	
Fee Paid	
Date Paid	

2. Original Method of Payment					
Credit Card (go to 3)		Cash (go to 4)		Check (go to 4)	

3. Credit Card Refund Information (if applicable)	
Last 4 Digits of Card Used to Make Payment	

4. Check Request Information (if applicable)	
Check Payable To	
Address	
City/State/Zip	

5. Submitter Information	
Signature	
Printed Name	
Date of Request	
Other Comments	



Training Institute Administration Only			
Refund Category		Approved By	
Refund Tier 1	Within 24 hours of initial registration	Full Refund	
Refund Tier 2	More than 24 hours after initial registration AND more than 10 days until training	90% Refund	
Refund Tier 3	10 days or fewer AND more than 24 hours until training	80% Refund	
Refund Tier 4	24 hours or fewer until training	No Refund	