



Cancellation Request Form

PARTICIPANT'S DETAILS

Last name	Middle name	First name
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PERSON IN CHARGE OF PAYMENT

Name	
Company	
Telephone	Email

I, _____, am aware that to all cancellation requests received by April 4th, 2019, 6:00pm (Brasília local time) reimbursement will be equivalent to 85% (eighty-five percent) of the registration fee paid, and that for cancellations received after April 5th, 2019, 6:00pm (Brasília local time) the reimbursement value will be equivalent to 50% (fifty percent) of the registration fee paid.

Note: All refunds will be done through chargeback reversal via the credit card used for registration.

_____	_____
City	Date

Signature	