



NTSB TRAINING CENTER

CANCELLATION/REFUND REQUEST

Registrant Information

Name (Last, First, Middle): _____

Company/Agency: _____

Current Address (Please circle one: home / work) _____

Phone: _____ Fax: _____ Email: _____

Course and Payment Information

Course Name or ID Code: _____ Course Dates: _____

Amount Paid: \$ _____

Method of payment: Credit Card Check Money Order IPAC Other _____

Amount Refund Requested: \$ _____ (If paid by credit card, please attach a copy of receipt)

Reason for refund request: _____

Registrant Signature: _____ Date: _____

**Mail or fax this request to: Registrar
NTSB Training Center
45065 Riverside Parkway
Ashburn, VA 21047
Fax: 571-223-3904**

Training Center Use Only

Keys#: _____ Approved: _____ Not Approved: _____ Amount: \$ _____

Tuition Credit: Yes No

Registrar/Delegated Official Signature _____ Date _____