



New Wilmington Mission Conference
229 South Market Street
New Wilmington, PA 16142

Refund Policy

A Mission Conference Refund Request Form must be completed for each individual requesting a refund (available online at <http://nwmcmision.org/nwmc-2019/2019-forms>). These forms must be submitted in writing to the conference office at the address above.

All approved refunds are paid by check to the person listed on the Refund Request Form.

If Refund Request Form is

| If original fee was paid by | Submitted from February 1 to May 31 | Submitted from June 1 to July 18 | Submitted from July 19 to July 26 | Submitted after July 26 |
|-----------------------------|---|---|---|-------------------------|
| Cash or Check | Refund: Full Amount | Refund: Balance of fees - \$100 | Missed 6,7, or 8 Days Refund 60% of fees Missed 3, 4, or 5 Days Refund 40% of fees | No Refund |
| Credit Card | Refund: Balance of fees – (3.9% of fee + \$2) | Refund: Balance of fee – (3.9% of fees + \$102) | Missed 6,7, or 8 Days Refund 63.9% of fees - \$2 Missed 3, 4, or 5 Days Refund 43.9% of fees - \$2 | |
| Refund will be issued | Within 30 days of receipt of refund request form | | Between August 1 and August 15 | |

Please Print:

Participant's Name: _____

Church: _____

Participant's Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Age: _____ Gender: M F

Best Phone Number to Contact: _____ Number of Days Missed: _____

Reason for Refund:

Medical Job Family Other

Explanation of Request:

Check to be made out to: _____

Participant's Signature _____

Parent/Guardian's Signature _____

Date _____

If participant is under the age of 18

Date Received: _____ Approved Denied Notified Check # _____ Check Amount \$ _____ Date ___ / ___ / ___