



**Cancellation Request Form for Online Registrations
44th Annual Heckerling Institute on Estate Planning**

Please refer to your Heckerling Institute Payment Confirmation email when completing this form and fax completed form to (305) 284-6752. **Incomplete forms will not be processed.**

Name	
Firm Name	
Address	
Phone	
E-Mail	
Credit Card Number	
Total Amount Paid	\$
Cancellation Fee	\$ - 75.00
Refund Amount	\$
Date Registration Confirmed	
Payment Confirmation Number	
Order Number	
Comments/Reason	
Signature	

Please allow 2 weeks for the credit to be processed

For Administrative Use Only	
Date Received:	_____
Date Processed:	_____
Credit Posted:	_____