



***Cancellation Application***

**Name:**

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**Ministry Affiliation  
(if app):**

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**Address:**

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**City, State, Zip:**

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**Email address:**

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**Phone Number:**

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Reason for cancellation (40 words or less):

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**Cancellation Policies:**

In the event a confirmed reservation must be canceled, there are four cancellation options available to you. To be eligible, all cancellation notices must be submitted by email or in writing by the stated deadline. (Email: LChambers@ExodusInternational.org)

1. Approved requests submitted no less than 90 days prior to the first day of the conference may receive a full refund; after this date and no later than 60 days prior to the first day of the conference will receive a 50% refund. There will be **NO** refunds for cancellations made after 60 days prior to the first day of the conference – **NO** exceptions will be made; each refund option is subject to a **\$25 administrative fee**.
2. To transfer your registration and accommodations (if applicable) to the person of your choice, Exodus requests that you notify the Exodus Office no later than 10 days prior to the first day of the conference.
3. For those wishing to transfer their conference fees to the Conference Assistance Fund, Exodus requests a minimum of 20 days prior to the first day of the conference to give us sufficient time to notify the recipient of the scholarship. (You will receive a tax-deductible receipt)
4. Convert your conference fees into a tax-deductible donation to support Exodus International.

Registered delegates who do not show up for the Exodus Freedom Conference will not be eligible for a refund.

*I have read and agree to the cancellation policies. All information on this agreement is true and complete.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\*Please print and mail (PO Box 540119, Orlando FL, 32854) or fax (407-599-0011) this application to the Exodus International office by **July 30, 2010**.