**BUSINESS PROFESSIONALS OF AMERICA**

**ILLINOIS ASSOCIATION**

CANCELLATION FORM

FALL LEADERSHIP CONFERENCE

November 15, 2019

|  |  |  |  |
| --- | --- | --- | --- |
| NAME OF SCHOOL |  | AREA |  |
| SCHOOL ADDRESS |  | E-Mail Address: | |
| CITY, ZIP CODE |  |
| NAME OF ADVISOR |  |  |  |
| SCHOOL PHONE |  |  |  |

Please be advised that the following members are canceling their registration and **will not** **attend** the Fall Leadership Conference on November 15, 2019.

|  |  |  |
| --- | --- | --- |
| **MEMBERSHIP NUMBER** | **FIRST NAME** | **LAST NAME** |
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Please be advised that the following members are **substitutes** and **will be attending** the Fall Leadership Conference on November 15, 2019.

|  |  |  |
| --- | --- | --- |
| **MEMBERSHIP NUMBER** | **FIRST NAME** | **LAST NAME** |
|  |  |  |
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Refund Policy – No Refunds; however, Chapter Advisors can substitute a member who’s State and National Membership has been submitted in the MRS no later than **November 1, 2019**. **Substitutes will receive the t-shirt size and lunch selection of the member they are replacing.**

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| ADVISOR ELECTRONIC SIGNATURE: |
| DATE: |

|  |
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| RECEIVED BY CONFERENCE DIRECTOR ON: |

Email a copy of this form by **November 1, 2019** to each of the following:

Glenna Pyzik ([glennajpyzik@att.net](mailto:glennajpyzik@att.net)), and Cori Irvin (cirvin@rich227.org)

**\*\*\*KEEP A COPY FOR YOUR FILES \*\*\***