



IADD \_\_\_\_\_ Chapter

**\*\* Confirmation Notice \*\***

**Meeting:**  
**Location:**  
**Date:**

The following individual(s) are registered for the above noted IADD Chapter meeting.

Name	Company	IADD	Non-Member	Registration Fee
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**Total:** \$  
**Payment:** \$  
**Balance:** \$

**Notes & Cancellation Policy:** This meeting confirmation also serves as your receipt. All written requests for a refund must be made on or before \_\_\_\_\_. Refunds cannot be granted after the cut-off date.

**Questions:** Please contact \_\_\_\_\_, at \_\_\_\_\_ or via email at \_\_\_\_\_.