**Refund Request Form**

◈ **You can apply for a refund by October 17th (Mon.).**

◈ Refund is not available from October 18st (Tue.).

◈ This document must e-mailed to us at office@organoids.org

◈ The refund will be made within 3 daycs after the conference.

◈ Refunds will be carried out except for remittance fees.

**This form must be filled out completely to ensure proper credit.**

**Contact Information (Only you can apply for a refund.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **E-mail** |  |
| **Mobile No.** |  | | |
| **Payment Method** | Wire Transfer | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Wire Transfer Info.** | | | | |
| **Approval Date** | **Name** | **Amount** | **Bank / Holder** | **Bank Account No.** |
|  |  |  |  |  |

Please return this completed form to:

# The Organoid Society

[office@organoids.org](mailto:office@organoids.org)