



New Wilmington Mission Conference
229 South Market Street
New Wilmington, PA 16142

Refund Policy

A Mission Conference Refund Request Form must be completed for each individual requesting a refund. These forms must be submitted in writing to the conference office at the address above or to office@NWMCmission.org. Refunds will only be issued through RegPack (registration provider) protection plan (if purchased) or through the NWMC office; individuals may not receive refunds from both.

All approved refunds are paid by check to the person listed on the Refund Request Form.

If Refund Request Form is

If original fee was paid by	Submitted from April 1 to May 31	Submitted from June 1 to July 15	Submitted from July 16 to July 22	Submitted after July 22
Cash or Check	Refund: Full Amount	Refund: Balance of fees - \$100	Missed 6 or 7 Days Refund 60% of fees Missed 3, 4, or 5 Days Refund 40% of fees	No Refund
Credit Card	Refund: Balance of fees – (3.9% of fee + \$2)	Refund: Balance of fee – (3.9% of fees + \$102)	Missed 6 or 7 Days Refund 63.9% of fees - \$2 Missed 3, 4, or 5 Days Refund 43.9% of fees - \$2	
Refund will be issued	Within 30 days of receipt of refund request form		Between August 1 and August 15	

Please Print:

Participant's Name: _____

Church: _____

Participant's Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Age: _____ Gender: M F

Best Phone Number to Contact: _____ Number of Days Missed: _____

Reason for Refund:

Medical Job Family Other

Explanation of Request:

Check to be made out to: _____

Participant's Signature _____

Parent/Guardian's Signature _____

Date _____

If participant is under the age of 18

Date Received: _____ Approved Denied Notified Check # _____ Check Amount \$ _____ Date ___ / ___ / ___