



The Skilled
Advocate Company

**REQUEST FOR REFUND,
CANCELLATION OR TRANSFER**

CURRENT PARTICIPANT INFORMATION		
LAST NAME	FIRST NAME	PREFERRED NAME (FOR NAME TAG)
COMPANY/FIRM NAME		
MAILING ADDRESS (NO P.O. BOXES)		
CITY, STATE, ZIP		PHONE NO.
EMAIL ADDRESS		MOBILE NO.
CURRENT PROGRAM NAME AND LOCATION		CURRENT PROGRAM DATE
REQUEST SELECTION		
<input type="checkbox"/> Refund and Cancellation <input type="checkbox"/> Transfer <input type="checkbox"/> Substitution Applicable fees must be calculated below		
TRANSFER REQUEST INFORMATION (Complete this section if transferring your registration to another LOCATION)		
TRANSFER PROGRAM NAME AND LOCATION		TRANSFER PROGRAM DATE
SUBSTITUTION REQUEST INFORMATION (Complete this section if transferring your registration to another PERSON)		
LAST NAME (SUBSTITUTING INDIVIDUAL)		FIRST NAME
COMPANY/FIRM NAME (MUST BE SAME AS CURRENT PARTICIPANT)		PREFERRED NAME (FOR NAME TAG)
MAILING ADDRESS (NO P.O. BOXES)		
CITY, STATE, ZIP		PHONE NO.
EMAIL ADDRESS		MOBILE NO.
State	Bar ID#	Year Admitted
State	Bar ID#	Year Admitted

PAYMENT INFORMATION ON FOLLOWING PAGE

Send Change Request Form and Payment to: The Skilled Advocate Company, 515 North Flagler Drive, Suite P-300, West Palm Beach, FL 33401
Phone: (561) 293-8510 | Fax: (888) 320-7483 | Email: customerservice@skilledadvocacy.com



The Skilled
Advocate Company

PAYMENT INFORMATION

(Complete this section if additional fees apply to your request to transfer. If payment information is not included when there is an applicable fee, forfeiture of full registration fee could result.)

Applicable Fee:

- Visa Mastercard American Express Discover
 Company Check (No personal checks accepted. Make checks payable to The Skilled Advocate Company)

Credit Card No.	Exp.	CCV
Authorized Cardholder Signature		Date

By signing below, I certify that I am a licensed attorney, in good standing and admitted to practice in the United States. I also certify that I understand and accept The Skilled Advocate Company's Refund and Cancellation Policies including all applicable fees.

Signature	Date
------------------	-------------