Working Group Student Application for Refund of Dues and Registration Fee

**🡺 *Deadline for Working Group student member refund requests:***

* ***Close of the annual meeting for refund mailed by the end of January if a check is your preferred method of reimbursement.***
* ***N.B. applications cannot be accepted after the close of the annual meeting.***

Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year of Annual Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctoral Student: □ Yes □ No

Refund Requested:

□ Registration Fee for Annual Meeting (Early Bird Rate only)

□ Membership Dues

Refund Method:

□ Electronic Reimbursement (You will receive an invitation from bill.com to collect all required information.)

□ Check to be mailed to:

Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State/ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am a member of the following Working Group(s):

□ African and African American

□ Latino/a

□ Asian and Asian American

*(Only doctoral students are eligible and individual Working Group student members may benefit from dues/registration fee refunds for a maximum of four years.)*

By completing and submitting this form, I affirm that:

* I am student member of the Society of Christian Ethics.
* I completed the registration form for the annual meeting and prepaid dues and the student registration fee.
* I participated in at least one working group by attending their working group sessions.
* If I registered after the early bird deadline (usually November 30th), I do not expect a refund for any registration fee beyond the early bird rate.
* I do not expect a refund for any expenses other than my dues and registration fee payments.

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I affirm that at this Annual Meeting the student member named above attended the sessions of the Working Group for which I am the convener or co-convener.

Working Group Convener Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Working Group Convener Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_