

LHRIC Administrative Cancellation Form

Professional Development

Please fax this form to: (914) 592-4727

Administrator    Support Staff    Classroom Teacher

District: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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\* Your district will automatically be billed a cancellation fee of \$100 if a cancellation notice is not received via fax (914) 592-4727 at least 3 working days prior to the class date.

Name: \_\_\_\_\_

Cancelled Workshop: \_\_\_\_\_ Date: \_\_\_\_\_

Cancelled Workshop: \_\_\_\_\_ Date: \_\_\_\_\_

Cancelled Workshop: \_\_\_\_\_ Date: \_\_\_\_\_

\* Our receipt of this form confirms the class cancellation .

\*Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature:\_\_\_\_\_

\* Administrator, Technology Coordinator or District Contact