



Section Event Cancellation/Credit Card Refund Form

Please complete the information below:

Name of Event: _____

Registrant's Name: _____

P# (if applicable): _____

Credit card (Visa or MasterCard)# _____

3-digit security code: _____

Expiration Date: _____

Name as it appears on the credit card: _____

Please mail this request to:

State Bar of Michigan
Attn: Finance Department
306 Townsend St.
Lansing, MI 48933

Thank you,

State Bar of Michigan Finance