

# Florida Attorney General's Crime Prevention Summit



## REFUND REQUEST

*Attention: Refund Request must be received by May 16, 2025. All Refund Request received after May 16, 2025, will be processed on a case-by-case basis. Only one person per form, you cannot place multiple refunds on one form, or it will be returned to you.*

**Registrant's Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

**Agency/Organization:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Reason for Request:** *Please select one.*

- Registrant unable to attend Summit.  
 Other: Overpayment Amount \_\_\_\_\_

**Information required to process refund.** *Please select either State Agency, Individual or Other and complete the requested information for your selection. This information is required for a request to be processed.*

**State Agency:** Agency Name: \_\_\_\_\_ FEID #: \_\_\_\_\_

**Individual:** Individual's Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

**Other:** Organization Name: \_\_\_\_\_ FEID #: \_\_\_\_\_

### Adult Registration

<b>Registration Fee:</b>	<b>\$159.00</b>
<b>Administrative Fee:</b>	<b>-\$25.00</b>
<b>Total Refund Due:</b>	<b>\$134.00</b>