



## GHO TRIP CANCELLATION FORM

- ◆ I understand that by signing below I am canceling my participation in *Global Health Outreach's* team to \_\_\_\_\_.
- ◆ I understand that I am responsible for payment of any travel arrangements made on my behalf by *Global Health Outreach* and their travel agent.
- ◆ I understand that the registration fee of \$150 is non-refundable.

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

(please print)

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

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Please fax this form to GHO at 423-764-1417 and then call GHO to confirm receipt of this transmission. If you do not get confirmation of this fax transmission, we may continue to make travel arrangements on your behalf.