

United Alliance of New York State Licensed Acupuncturists

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Refund Request Form

Date: _____

Last Name: _____ First Name: _____

Address: _____

Phone: _____ Email: _____

Why are you seeking a refund? _____

Web Order # or Check# _____

Refund Amount _____

Signature _____

For Office use only:

Approved by: _____ Date: _____