

**NDLA 2019 Annual Conference  
September 25-27, 2019 – West Fargo, ND  
DoubleTree by Hilton & Homewood Suites by Hilton**

Refund Request Form

*Use this form to request a refund of payment made to NDLA for the 2019 Conference*

Your Name: _____	Date: _____	Refund Amount \$ _____
Make Refund Check Payable to:	_____	
Send Refund Check to (address):	_____	
	_____	
	_____	
Original payment made by:	_____	
Date of payment: _____	Amount of Payment: \$ _____	
Method of Payment: _____		
Purpose of Payment: _____		
Reason for Refund _____		
Comments _____		

Your Signature \_\_\_\_\_ E-mail \_\_\_\_\_ DT Phone: \_\_\_\_\_

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**Please return form with receipts and direct questions to Stephanie Kom, State Historical Society of North Dakota, 612 E. Boulevard Ave., Bismarck, ND 58505  
Phone: 701.328.3571; e-mail: sbaltzerkom@nd.gov**

Conference Chair Approval \_\_\_\_\_ Date \_\_\_\_\_