



## Money Back Guarantee Request for Refund Form

<b>Name:</b>	
<b>Company:</b>	
<b>Address:</b>	
<b>Contact Telephone Number:</b>	
<b>Email address:</b>	
<b>Course attended:</b>	
<b>Date of course:</b>	
<b>Senior Manager's name:</b>	
<b>Senior Manager's title:</b>	
<b>Senior Manager's contact details:</b>	
<b>Reasons for refund:</b>	

Don't forget to attach your Senior Manager's letter of support.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed

### Return form and letter of support to:

Email: [training@boinz.org.nz](mailto:training@boinz.org.nz)

Address: PO Box 11424, Manners Street, Wellington 6142

Fax: 04 473 6004

#### Office Use

Date received:

Refund form completed

Senior Manager's letter of support

Copy of initial feedback form received