

HTP Class or Package Cancellation Request Form (HTP-075)

Date of Request*

1. STUDENT INFORMATION

Full Name*

Address*

City, State, Zip* Country*

Phone* Email*

2. CANCELLATION REQUEST

Single HTP Sponsored Class

Date Purchased* Class Level*

Class Start / End Dates*

Tuition Paid (USD)* \$

Class Package

Date Purchased*

Package Purchased* Foundation Level 2–3 Bundle Practitioner

Payment Type* Single Payment Payment Plan

Total Amount Paid* \$

3. ACKNOWLEDGEMENT (REQUIRED)

I have read and agree to the Class Cancellation and Refund Policies.

HTP OFFICE USE ONLY

Total Refund Requested \$

Processing Fee \$

Net Refund Paid \$

Date Refund Paid

Notes