



**Application Form of Refundment**

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| **Payment Account Information** | | |
| **Name of Participant** |  | |
| **Affiliation** |  | |
| **Payment Amount** | **(RMB) or (USD)** | |
| **Refund Reason** | 1. Cancellation; 2. Change from Online to Onsite  3. Change from Onsite to Online; | |
| **Refund Amount** | **(RMB) or (USD)** | |
| **Refund Account Information** | | |
| **Bank User name** | |  |
| **Full Name of Receiving Bank** | |  |
| **Bank Account** | |  |
| **Contact Number** | |  |

**Signature:**

**Date:**

**Notes:**

Please send the Application Form of Refundment to the email [composite@zju.edu.cn](mailto:composite@zju.edu.cn).

The committee of ACCM12 will process your request in **5 working days**.

For more details about Cancellations, Changes & Substitutions Policy,

Please visit the official website [www.accm12.net](http://www.accm12.net).