

**Application Form of Refundment**

|  |
| --- |
| **Payment Account Information** |
| **Name of Participant** |  |
| **Affiliation** |  |
|  **Payment Amount** |  **(RMB) or (USD)** |
|  **Refund Reason** | 1. Cancellation; 2. Change from Online to Onsite3. 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.

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).