

American Osteopathic College of Dermatology
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Request for change to Virtual

Name of event moved to virtual requested:

Date of request:

Name of organization requesting change:

My organization request that our funding be moved from the live in-person meeting, to the virtual option. I understand that I will be receiving:

1 virtual booth link in the AOCD virtual Expo

1 Banner ad on the meeting app

1 Push notification on the meeting app

Total funding is \$3000.00 now moved to the virtual format.

Name of person requesting refund:

Title of person requesting refund:

Signature of person requesting refund:

