

Request must be received by Sonography Canada no later than December 10, 2021

**Examination Withdrawal and Refund Request**

**1. IDENTIFICATION (PLEASE PRINT OR TYPE CLEARLY)**

		Date: _____	
<b>First Name</b>	<b>Middle Name/Initial</b>	<b>Last Name</b>	<b>(D / M / Y)</b>
<hr/>			
<b>Address</b>			
<hr/>			
<b>P.O. Box or Rural Route (if applicable)</b>		<b>City</b>	
<hr/>		<hr/>	
<b>Province</b>	<b>Postal Code</b>	<b>Country</b>	
<hr/>	<hr/>	<hr/>	
<b>Sonography Canada No. (if applicable)</b>			
<hr/>			
<b>Telephone Number</b>			
<hr/>			

**2. FROM WHICH SPECIFIC EXAMINATION(S) ARE YOU REQUESTING WITHDRAWAL AND A REFUND:**

<input type="checkbox"/> <b>Core</b>	<b>January 12, 2022</b>
<input type="checkbox"/> <b>Cardiac</b>	<b>January 13, 2022</b>
<input type="checkbox"/> <b>Vascular</b>	<b>January 13, 2022</b>
<input type="checkbox"/> <b>Generalist</b>	<b>January 14, 2022</b>

**3. PLEASE INDICATE THE REASON FOR WITHDRAWAL FROM THE EXAM (OPTIONAL).**

**FORWARD WITHDRAWAL BY EMAIL TO:**

[EXAMINFO@SONOGRAPHYCANADA.CA](mailto:EXAMINFO@SONOGRAPHYCANADA.CA)

FOR OFFICE USE ONLY

Date received: \_\_\_\_\_ Date of Processing & Refund: \_\_\_\_\_

Special Notes: \_\_\_\_\_