**社 團 法 人 臺 灣 運 動 物 理 治 療 學 會**

**繼 續 教 育 課 程 報 名 費 退 款 申 請 書**

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| **姓名** |  | | | | | | **連絡電話** | | | | | |  | | | | | | | |
| **E-mail** |  | | | | | | | | | | | | | | | | | | | |
| **課程名稱** |  | | | | | | **課程編號** | | | | | |  | | | | | | | |
| **報名費金額** |  | | **匯款日期** | | | | **/ /** | | | | | | **匯款末5碼** | | | |  | | | |
| **申請日期** |  | | | | | | | | | | | | | | | | | | | |
| **退款帳戶** | | | | | | | | | | | | | | | | | | | | |
| **戶名** |  | | | | | | | | | | | | | | | | | | | |
| **□郵局** | **郵局帳號** |  | |  |  |  | |  |  |  | |  | |  |  |  | |  |  |  |
| **□銀行** | **銀行名稱** |  | | | | | | | | | **分行名稱** | | | |  | | | | | |
| **銀行帳號** |  | |  |  |  | |  |  |  | |  | |  |  |  | |  |  |  |
| **＊為確保資料正確，請提供退款帳戶之存摺封面照片或電子檔。** | | | | | | | | | | | | | | | | | | | | |

* **退費申請時間以提供完整退款銀行帳戶時間為準。**

1. **報名期間內**提出退費申請者：主辦單位退還當期開班約定繳納之費用總額**90%**。
2. **報名截止日至上課前一日**提出退費申請者：主辦單位退還當期開班約定繳納之費用總額**70%**。
3. **上課當日**提出退費申請或未出席者：**不予退款**。

請將此申請書電子檔連同退款帳戶資訊寄至本會聯絡信箱: [tspta2014@gmail.com](mailto:tspta2014@gmail.com)