Personal Protocol Coaching Program
Cancellation Form

First name_____ Last name_____

Mailing address_____
Street City State Zip code

Email address_____ Phone number _____

Please cancel my monthly subscription to the Personal Protocol Coaching Program ending on the last day of _____.

Per my understanding, my card with not be charged starting on the first day of the following month.

Cancellations can not be back dated to prior months and only applies to the monthly re-occurring subscription, not the yearly subscription.

Thank you for subscribing to the Personal Protocol Coach, we are sorry to see you go.

_____ _____
Signature Date

This form can be faxed to: 843-207-1024 or
emailed to: cgrosso@charlestonschoolofprotocol.com or
mailed to: Charleston School of Protocol
P.O. Box 41113
Charleston, SC 29423

For Office Use Only:

Cancellation Form received on this date:_____

Cancellation form received via:_____

Received by:_____

Cancellation completed by:_____