

Client Request for Special Consideration

Upon receipt of your order, our facilities and certified consultants are scheduled and guaranteed payment for their time as contracted by Fluid Mechanics, Inc. Please review our cancellation and rescheduling policies, and if you feel you are due special consideration, kindly fill in the form below.

Name: _____ Event Date: _____ Event Facility: _____
Submission Date: _____ Event Time: _____ Event Topic: _____

Be certain to remember that copies of doctor's notes and other such documentation of special circumstances will be needed for review by FM. Please include copies of these documents with this submission, or arrange for their procurement to Fluid Mechanics, Inc. at the time of submission.

Reason for Cancellation or Rescheduling:

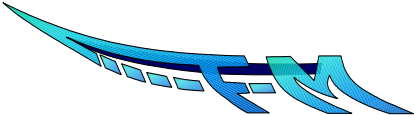
Signature _____ *Date* _____

Final Decision

Approved:	<input type="checkbox"/>
Denied:	<input type="checkbox"/>

Signature _____ *Review Date* _____

Review Committee Comments:



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