



## Professional Designation Program

### CANDIDACY CANCELLATION REQUEST

I, \_\_\_\_\_, the undersigned, hereby request to cancel my designation candidacy  
(check all that apply):

AAS  
CAE  
CMS  
MAS  
PPS  
RES

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DOWNLOAD this form to your computer, complete form  
and email completed form to [designations@iaao.org](mailto:designations@iaao.org).**