



## Dream Sensor Package Support Cancellation

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Reason for Cancellation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, the undersigned, understand that by terminating Support, I will no longer have access to the Technical Support assistance and that a separate fee will be charged should I wish to continue or add those services in the future.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Requests for cancellation must be submitted at least 15 days prior to the renewal/First of the month via DocuSign. Requests received less than 15 days prior to renewal will be honored on the next billing cycle, provided that the contract term has been fulfilled. Requests for cancellation will not be accepted via fax, mail, or email.