



Complete this form if you need to make any changes to your existing reservation, including arrival and departure dates, number of guests in your party, or cancellations. **All reservations, cancellations and changes to the number of nights must be made no later than July 6, 2018 to avoid a penalty. A cancellation fee of one-half the nightly room rate will be applied for each night cancelled after July 6, 2018. Cancellations after July 20, 2018 are not eligible for any refund. Guests may be added to an existing group reservations until 5:00 p.m. on Friday, July 6, 2018 (subject to room availability).**

PLEASE DO NOT EMAIL THIS FORM. In order to be compliant with the payment card security standard and our practice to protect your personally identifiable information, we CANNOT process credit card information received via email.

Please return this form in **one of two ways:**

- 1. FAX** THE COMPLETED FORM TO OUR SECURE FAX LINE: 434-924-9641 **2. MAIL** THE COMPLETED FORM (POSTMARKED BY July 6, 2018) WITH FULL PAYMENT TO: UVA CONFERENCE SERVICES
P.O. BOX 400734, CHARLOTTESVILLE, VA 22904-4734

GROUP LEADER'S NAME _____

PHONE _____ EMAIL _____



CHECK ALL THAT APPLY:

Add people to my party
COMPLETE SECTION A

Adjust arrival/departure dates
COMPLETE SECTION B

Cancel my reservation
COMPLETE SECTION C

SECTION A: ADDITIONS. Please list the names of any additions to your party. You will be billed the nightly rate, plus 5.3% sales tax, for each additional person. Deadline to add guests to your party is **Friday, July 6, 2018.**

NAME (FIRST AND LAST)	GENDER	CHECK-IN DATE	CHECK-OUT DATE
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SECTION B: DATE CHANGES. Please provide the names of the members of your party requesting a date change. You will be billed or credited the nightly rate as applicable, plus 5.3% sales tax per person, for each night changed. **Please provide credit card information in Section D. Changes must be submitted by July 6, 2018 to avoid penalty.**

NAME (FIRST AND LAST)	DESIRED CHECK-IN DATE	DESIRED CHECK-OUT DATE
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SECTION C: CANCELLATION. List the names of any cancellations in your party. **Changes must be submitted by July 6, 2018 to avoid penalty.**

NAME (FIRST AND LAST)	ADDITIONAL NAMES (FIRST AND LAST)
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SECTION D: PAYMENT INFORMATION. To pay or receive a refund by credit card, please complete the fields below. If paying by check, please make the check payable to the University of Virginia.

CARDHOLDER NAME _____ CREDIT CARD NUMBER _____ EXPIRATION _____ CVV _____

By signing below, I certify that I am altering my reservation as specified above and the information is correct.

SIGNATURE _____ DATE _____