



Please complete this form if you need to make any changes to your current reservation for Rare Book School.

PLEASE BE SURE TO SIGN THIS FORM AT THE BOTTOM OF THE PAGE.

TO SUBMIT THE FORM TO CONFERENCE SERVICES, PLEASE DO ONE OF THE FOLLOWING:

- FAX THE COMPLETED FORM TO (434) 924-9641
- MAIL THE COMPLETED FORM WITH FULL PAYMENT TO P.O. BOX 400734, CHARLOTTESVILLE, VA 22904-4734

Participant's Name : _____

Phone: _____

Email: _____

I NEED TO (CHECK ALL THAT APPLY):

Adjust arrival/departure dates

COMPLETE SECTION A

Cancel my reservation

COMPLETE SECTION B

Section A: Date Change. Please indicate the session you are attending, your currently scheduled check-in/check-out dates, and the date changes you are requesting. **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 C.

Rare Book School Session:	1	2	3	4	5
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Scheduled Check-in Date	Scheduled Check-out Date	Desired Check-in Date	Desired Check-out Date

Section B: Cancellation. If this form is received in our office a minimum of seven (7) days prior to your scheduled arrival date, you will receive a full refund **less a \$50.00 per person cancellation fee**. **Cancellations submitted less than seven (7) days prior to your scheduled arrival date are not eligible for refunds.**

Reason for cancellation of housing:

Section C: Payment Information. To pay by credit card, please complete the fields below. If paying by check, please make the check payable to the University of Virginia.

Card Holder Name:

Credit Card Number:

Expiration: CVV:

PLEASE DO NOT EMAIL THIS FORM TO CONFERENCE SERVICES. IN COMPLIANCE WITH THE PAYMENT CARD DATA SECURITY STANDARD AND OUR PRACTICE TO PROTECT OUR GUESTS' PERSONALLY IDENTIFIABLE INFORMATION, WE CANNOT PROCESS CREDIT CARD INFORMATION RECEIVED VIA EMAIL.

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

Signature:

Date:
