



Please complete this form if you need to make any reservation changes, including adding anyone to your party, adjusting arrival or departure dates, or cancelling your current reservation for Reunions Weekend. **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

Name : _____

Phone: _____ Email: _____

Group Leader's Name : _____

I NEED TO (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 (provide payment information in section D). **Additions are subject to availability.**

Name (first and last)	Gender	Check in Date	Check out Date
1.			
2.			
3.			

Section B: Date Change. Please provide the names of the members of your party requesting a date change. You will be billed or credited the nightly rate per person, plus 5.3% sales tax per person, for each night changed per person. Please provide payment information in Section D. **Changes must be submitted by 5:00 p.m. on May 25, 2017.**

Name (first and last)	Desired Check –in Date	Desired Check-out Date
1.		
2.		
3.		

Section C: Cancellation. **50.00/person cancellation fee applies.** Please list the names of any cancellations in your party. Cancellation requests received before **5:00 p.m. EST on May 25, 2017** will be eligible for a refund minus a **\$50.00 per person cancellation fee.** Cancellation requests will **NOT** be accepted after **May 25, 2017.** Cancellations after May 25, 2017 are not eligible for refunds.

Name (first and last)	Additional Names (first and last)
1.	4.
2.	5.
3.	6.

Section D: 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: _____