

CHANGE AND CANCELLATION FORM REUNIONS WEEKEND HOUSING 2018 BROWN COLLEGE

Complete this form if you need to make any changes to your existing reservation, including arrival and departure dates or cancellations. All cancellations and/or changes to the number of nights must be made no later than 21 days prior to your Reunions arrival date in order to avoid a penalty. A cancellation fee of one-half the nightly room rate plus sales tax will be applied for each night cancelled less than 21 days in advance. Cancellations made less than 7 days prior to your arrival date are not eligible for any refund.

PLEASE DO NOT EMAIL THIS FORM IF YOU ARE PROVIDING CREDIT CARD INFORMATION.

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. If this form contains credit card information, please return it in **one of two ways**:

1. FAX THE COMPLETED FORM TO OUR SECURE FAX LINE: 434-924-9641

2. MAIL THE COMPLETED FORM WITH FULL PAYMENT TO:

UVA CONFEFENCE SERVICES P.O. BOX 400734, CHARLOTTESVILLE, VA 22904-4734

NAME OF REGISTERED GUEST		
TYPE OF SUITE 4-bed 8-bed	PHONE	
EMAIL		
	OUTOV ALL THAT ADDIV	
CANCEL MY RESERVATION.	CHECK ALL THAT APPLY:	
Please see above for information regardin	g cancellation deadlines and penalties	
riease see above for information regarding	g cancellation deadlines and penalties.	
CHANGE MY DATES.		
Please see above for information regardin	g date cancellation deadlines and penalt	ies.
	ORIGINAL DATE	NEW DATE
ONEOK IN	ORIGINAL DATE	NEW DATE
CHECK-IN		
CHECK-OUT		
Please provide credit card information to pay for above for information regarding deadlines and		to be refunded for cancelled dates. See
CARDHOLDER NAME	CREDIT CARD NUMBER	EXPIRATION CVV
CARDHOLDER SIGNATURE		
ADD NAMES TO MY EXISTING RESI	ERVATION.	
The following guests will be staying in my s		
NAME (FIRST AND LAST)	ADDITI	DNAL NAMES (FIRST AND LAST)