



**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 cancellations and/or changes to the number of nights and guests in the party must be made by 21 days prior to your Reunions arrival date 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. Guests may be added to an existing reservation up until 5 p.m. on Thursday, May 24 (first Reunions weekend), or 5 p.m. on Friday, June 1 (second Reunions weekend), subject to room availability.

**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. 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 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. Alderman Road reservations only.** 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. See deadlines above.

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. See deadlines above to avoid penalty if cancelling any nights on your reservation.**

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. **See deadlines above to avoid cancellation penalties.**

NAME (FIRST AND LAST)	ADDITIONAL NAMES (FIRST AND LAST)
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**SECTION D: PAYMENT INFORMATION.** To pay for additional nights 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 \_\_\_\_\_