



**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 and number of guests must be made no later than 21 days prior to your 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 CONFERENCE SERVICES P.O. BOX 400734, CHARLOTTESVILLE, VA 22904-4734

**PARTICIPANT'S NAME** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**CHECK ALL THAT APPLY:**

**CANCEL MY RESERVATION.**

Please see above for information regarding cancellation deadlines and penalties.

<b>REASON FOR CANCELLATION OF HOUSING:</b>
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**CHANGE MY DATES.**

Please see above for information regarding date cancellation deadlines and penalties.

	ORIGINAL DATE	NEW DATE
<b>CHECK-IN</b>		
<b>CHECK-OUT</b>		

Please provide credit card information to pay for additional nights added or if you need to be refunded for cancelled dates. See above for information regarding deadlines and penalties.

<b>CARDHOLDER NAME</b>	<b>CREDIT CARD NUMBER</b>	<b>EXPIRATION</b>	<b>CVV</b>
_____	_____	_____	_____

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

**CARDHOLDER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_