



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

NAME OF REGISTERED GUEST _____

TYPE OF SUITE **4-bed** **8-bed** PHONE _____

EMAIL _____

CHECK ALL THAT APPLY:

CANCEL MY RESERVATION.

Please see above for information regarding cancellation deadlines and penalties.

CHANGE MY DATES.

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

	ORIGINAL DATE	NEW DATE
CHECK-IN		
CHECK-OUT		

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.

CARDHOLDER NAME CREDIT CARD NUMBER EXPIRATION CVV

CARDHOLDER SIGNATURE _____

ADD NAMES TO MY EXISTING RESERVATION.

The following guests will be staying in my suite and should be issued room keys.

NAME (FIRST AND LAST)	ADDITIONAL NAMES (FIRST AND LAST)