

illume Change Request Application

Please complete and return to:

Illume
102 Union Wharf
Boston, MA 02109

Your name: _____

Telephone (_____) _____ E-mail : _____

Program Number _____

_____ The participants listed below wish to change to the Land Only option and will arrange for their own flight at their own expense, and arrange for their own airport transfers at their own expense..

_____ The participants listed below wish to change to Complete Program and travel on the group flight schedule.

_____ The participants listed below wish to now participate in the Program Extension.

_____ The participants listed below wish to cancel their participation in the Program Extension.

_____ The participants listed below would like to reserve additional nights at the same hotel on the following dates:

City _____ Dates _____; City _____; Dates _____

_____ The participants listed below wish to change their hotel rooming status to double occupancy.

Roommate name: _____

_____ The participants listed below wish to change their hotel rooming status to single occupancy.

Name of the Registered Participant(s) requesting the change:

Last Name First Name

Last Name First Name

NOTE: Illume will contact you upon receipt of this form and let you know what if any additional charges apply.

Signature _____ Date _____

102 Union Wharf, Boston, Massachusetts 02109 www.travelillume.com

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