

CHANGE REQUEST

Reference Number:

Date Requested:

Submitted By:

Name:	Group Name (if applicable):	
Telephone Number:	Email Address:	
Insurance Plan/Provider:		
Destination:	Medical Benefit:	Deductible:

ADD	REMOVE	Name	Date of Birth	Departure Date	Return Date	Additional Cost
1.						
2.						
3.						
4.						
5.						
6.						

Please list all changes in the table above. When adding a member, use the same cost per day rate as the trip they are being added to. If you have any questions, please call 512-528-5035

Total \$

If changes require additional costs, please complete credit card information below:

Method of payment: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Check (payable to IMG)	
Credit Card Number: _____	Expiration Date _____ 3 digit code _____
Signature: _____	Print Name: _____
If paying by credit card, I authorize IMG to bill my credit card for the total charge specified in the "total Premium" box.	