



RESERVATION DEADLINE: May 8, 2014

Asilomar Use Only
51D6W2

One Form per Person/Family

June 8-13, 2014
800 Asilomar Avenue Pacific Grove, CA 93950
Phone: (831) 372-8016 www.VisitAsilomar.com



WAYS TO RESERVE A ROOM *PAYMENT MUST ACCOMPANY THIS RESERVATION FORM*

<p>Fax completed form to: 831-642-4262</p> <p>Email completed form to: AsilomarSales@aramark.com</p>	<p>Mail the completed form to: Asilomar Conference Grounds 800 Asilomar Avenue Pacific Grove, CA 93950</p>	<p>Telephone: Reservations will not be accepted over the phone, however if you have any questions you can call Betty Forbes at 831-642-4219 or via email at Forbes-Betty@aramark.com Monday thru Friday from 8AM-4PM (PST)</p>
---	---	---

PERSONAL DETAILS PLEASE PRINT CLEARLY

Last Name _____ First Name _____ Gender: Male Female

Street Address _____ Apt/Suite/Unit _____

City _____ State _____ Zip _____ Country _____

Daytime Phone _____ E-mail address* _____

**Confirmations will be sent via e-mail if above is completed.*

<p>5-NIGHT STAY Arrive: Sunday, June 8th (4PM) – Depart: Friday, June 13th (11AM) Onsite housing at Asilomar Conference Grounds is offered on a first-come, first-serve basis. All costs are per person and are inclusive of room, meals, applicable fees and taxes (subject to change). Meals begin with Dinner on arrival day and end with Lunch on departure day.</p>			
PARTICIPANTS ONLY		PARTICIPANTS WITH GUESTS	
<p>HISTORIC ROOM <input type="checkbox"/> 1 Person-\$1,079.35 <i>per person</i> <input type="checkbox"/> 2 People-\$730.60 <i>per person</i></p>	<p>STANDARD ROOM <input type="checkbox"/> 1 Person -\$1,255.35 <i>per person</i> <input type="checkbox"/> 2 People-\$818.60 <i>per person</i></p>	<p>HISTORIC ROOM <input type="checkbox"/> Participant-\$1,079.35 <i>per person</i> <input type="checkbox"/> Adult Guest-\$381.85 <i>per person</i> <input type="checkbox"/> Youth (3-12)-\$279.60 <i>per person</i></p>	<p>STANDARD ROOM <input type="checkbox"/> Participant-\$1,255.35 <i>per person</i> <input type="checkbox"/> Adult Guest-\$381.85 <i>per person</i> <input type="checkbox"/> Youth (3-12)-\$279.60 <i>per person</i></p>
<p>Please check the boxes below for your requested additional nights (subject to availability) BEFORE THE EVENT <input type="checkbox"/> Thursday, June 5th <input type="checkbox"/> Friday, June 6th <input type="checkbox"/> Saturday, June 7th AFTER THE EVENT <input type="checkbox"/> Friday, June 13th <input type="checkbox"/> Saturday, June 14th <input type="checkbox"/> Sunday, June 15th All costs are per person per night based on the occupancy type and are inclusive of room, meals, applicable fees and taxes (subject to change).</p>			
<p>HISTORIC ROOM <input type="checkbox"/> 1 Person-\$211.87 <i>per person</i> <input type="checkbox"/> 2 People-\$142.12 <i>per person</i></p>	<p>STANDARD ROOM <input type="checkbox"/> 1 Person-\$247.07 <i>per person</i> <input type="checkbox"/> 2 People-\$159.72 <i>per person</i></p>	<p>HISTORIC ROOM <input type="checkbox"/> Participant-\$211.87 <i>per person</i> <input type="checkbox"/> Adult Guest-\$72.37 <i>per person</i> <input type="checkbox"/> Youth (3-12)-\$51.92 <i>per person</i></p>	<p>STANDARD ROOM <input type="checkbox"/> Participant-\$247.07 <i>per person</i> <input type="checkbox"/> Adult Guest-\$72.37 <i>per person</i> <input type="checkbox"/> Youth (3-12)-\$51.92 <i>per person</i></p>
<p><input type="checkbox"/> Please assign me a roommate (roommate will be assigned by your same gender) OR <input type="checkbox"/> I would like to share my room with (<i>list names below</i>)</p> <p>NAME(S) _____</p> <p style="color: red;">All requested Roommate Reservation Form must be received within 5 days of each other to complete this reservation.</p> <p><input type="checkbox"/> Please check here if you are financially responsible for the person named above that you are sharing a room with.</p>			

SPECIAL REQUEST(S): Vegetarian Gluten-Free Disability Access _____

AMOUNT DUE The total amount of * (\$USD) _____ is due and **will be charged upon receipt.**
**The total amount due above will be charged upon receipt of your form. The amount written by you above may change if your requested dates, room type and/or occupancy type are unavailable. Please note because of these changes the final amount charged to your Credit Card may differ from your total.*

(Credit Card Number (please print clearly))

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover Card
-------------------------------	-------------------------------------	---	--

Expiration Date:

Cardholder Name: _____ Cardholder Signature: _____

CANCELLATION POLICY: A full refund, less a service charge of \$100 per person is given for cancellations received in writing (letter, fax or email) by April 8, 2014. Regrettably, no refunds can be made for cancellations received on or after April 9, 2014. 122313VG/GGS14(H)/GDS14(S)