Xenop August 24-28, 2	2014	AS		R	SERVATION DEADLINE: July 24, 2014 Asilomar Use Only 5 1 D 6 8 S One Form per Person/Family
800 Asilo WAYS TO RESERVE A I					642-4262 www.VisitAsilomar.com
Fax completed form to: 831-642-4262 Email completed form to: AsilomarSales@aramark.com	A E F	Mail the completed Asilomar Conferenc 300 Asilomar Avenu Pacific Grove, CA 9	e Grounds Je	phone you ca or via	hone: vations will not be accepted over the , however if you have any questions an call Vivian Garcia at 831-642-4213 email at Garcia-Vivian@aramark.com ay thru Friday from 8AM-4PM (PST)
PERSONAL DETAILS					
Last Name			First Name		Gender: Male Female
Street Address					Apt/Suite/Unit
City			State	Zip	Country
Daytime Phone	rmations will be sent via e-mail if above is completed.				
The housing fee. Room Type	Onsite hous s indicated below are	Sunday, August 24 sing at Asilomar Confe per person and inclus als begin with Dinner Double	erence Grounds is of live of four night acc	: Thursday, Augu ffered on a first-com ommodations with n	e, first-serve basis. neals. (Inclusive of applicable fees and taxes)
Historic	SOLD OUT	SOLD OUT	SOLD OUT		
Standard If you select a double, triple or q Anyone sharing your room (inclu	\$996.52 uad that means that y iding those registering	\$640.52 ou intend to share the as "Guests") MUST silomar room inventor	SOLD OUT e room but DOES NO also register for hou y, it may be necessa	SOLD OUT OT automatically reg sing. Youths must b ry to move you to a	[]\$373.32 ister that person for your room. e in a triple or quad to get the reduced rate. Every attempt different rooming category. You will be charged accordingly.
	ORE THE EVENT: T TER THE EVENT: [<i>the boxes below fo</i> hursday, August 21]Thursday, Augus	t 28 th	<i>dditional nights (s</i>]Friday, August 2]Friday, August 2	ubject to availability) 22 nd Saturday, August 23 rd 29 th Saturday, August 30 th applicable fees and taxes.

Room Type	Single	Double	Triple	Quad	Youth (3-12 Years Old)
Historic	SOLD OUT	SOLD OUT	SOLD OUT	SOLD OUT	
Standard	\$249.13	\$160.13	SOLD OUT	SOLD OUT	\$93.33
			ROOMMATES		

Please be sure that you and your roommate(s) list each other on the reservation form.

If you do not request a specific roommate, one will be selected for you based on gender and room request.

Please assign me a roommate (roommate will be assigned by your same gender)

I would like to share my room with:_

Please check here if you are financially responsible for the person named above that you are sharing a room with.

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

AMOUNT DUE The total amount of * (\$USD)			is	due	and	will be	cha	rged u	pon	receij	<u>ot</u> .						
*The total amount due above will be charged upon receipt of your form.											ested of	dates,	, room	type a	nd/or o	оссира	ancy 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)																
]																	

🗌 Visa	MasterCard		
American Express	Discover Card	Expiration Date:	
Cardholder Name:		Cardholder Signature:	

Check Payment: Payable To: ARAMARK Sports & Entertainment LLC

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 June 24, 2014. Regrettably, no refunds can be made for cancellations received on or after June 25, 2014. 021714VG-GGS13(H)/GXS13(S)/BNP13