



RESERVATION DEADLINE: July 24, 2014

**Asilomar Use Only
5 1 D 6 8 S**

One Form per Person/Family

800 Asilomar Avenue, Pacific Grove, CA 93950 Phone: (831) 372-8016 Fax: (831) 642-4262 www.VisitAsilomar.com

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

Fax completed form to:
831-642-4262

Mail the completed form to:
Asilomar Conference Grounds
800 Asilomar Avenue
Pacific Grove, CA 93950

Telephone:
Reservations will not be accepted over the phone, however if you have any questions you can call Vivian Garcia at 831-642-4213 or via email at Garcia-Vivian@aramark.com Monday thru Friday from 8AM-4PM (PST)

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.*

4-NIGHT STAY

Arrive: Sunday, August 24th (4PM) – Depart: Thursday, August 28th (11AM)

Onsite housing at Asilomar Conference Grounds is offered on a first-come, first-serve basis.

*The housing fees indicated below are per person and inclusive of four night accommodations with meals. (Inclusive of applicable fees and taxes)
Meals begin with Dinner on arrival day and end with Lunch on departure day.*

Room Type	Single	Double	Triple	Quad	Youth (3-12 Years Old)
Historic	<input type="checkbox"/> \$882.12	<input type="checkbox"/> \$583.32	<input type="checkbox"/> \$498.40	N/A	<input type="checkbox"/> \$373.32
Standard	<input type="checkbox"/> \$996.52	<input type="checkbox"/> \$640.52	<input type="checkbox"/> \$536.52	<input type="checkbox"/> \$484.52	<input type="checkbox"/> \$373.32

If you select a double, triple or quad that means that you intend to share the room but DOES NOT automatically register that person for your room. Anyone sharing your room (including those registering as "Guests") MUST also register for housing. Youths must be in a triple or quad to get the reduced rate. Every attempt will be made to honor your housing request. Due to Asilomar room inventory, it may be necessary to move you to a different rooming category. You will be charged accordingly.

ADDITIONAL NIGHTS

Please check the boxes below for your requested additional nights (subject to availability)

BEFORE THE EVENT: Thursday, August 21st (SOLD OUT) Friday, August 22nd Saturday, August 23rd
 AFTER THE EVENT: Thursday, August 28th Friday, August 29th Saturday, August 30th

The housing fees indicated below are per person per night and inclusive of meal, applicable fees and taxes.

Room Type	Single	Double	Triple	Quad	Youth (3-12 Years Old)
Historic	<input type="checkbox"/> \$220.53	<input type="checkbox"/> \$145.83	<input type="checkbox"/> \$124.60	N/A	<input type="checkbox"/> \$93.33
Standard	<input type="checkbox"/> \$249.13	<input type="checkbox"/> \$160.13	<input type="checkbox"/> \$134.13	<input type="checkbox"/> \$121.13	<input type="checkbox"/> \$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 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)

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Expiration Date:

_____|_____|_____|_____|

- Visa MasterCard
 American Express Discover Card

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