

**LODGING RESERVATION**  
**American Chemical Society - Fuel Cells**  
**February 20 – 23, 2011**  
**#50291W**



Asilomar Use Only

One Form per Person/Family

P O Box 537, 800 Asilomar Ave., Pacific Grove, CA 93950 Phone: (831) 642-4222 Fax: (831) 642-4262 [www.VisitAsilomar.com](http://www.VisitAsilomar.com)

**WAYS TO REGISTER**

**Fax** completed form to:  
 831-642-4262 or 831-642-4261

**Mail** the completed form to:  
 Asilomar Conference Grounds  
 P.O. Box 537  
 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 the Group Sales Office at 831-642-4222

**Email** completed form to:  
[AsilomarSales@aramark.com](mailto:AsilomarSales@aramark.com)

**PERSONAL DETAILS**

Please print clearly; Payment must accompany this registration form.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  Mr.  Ms.  
 Street Address \_\_\_\_\_ Apt/Suite/Unit \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ E-mail address\* \_\_\_\_\_

*\*Confirmations will be sent by e-mail.*

**HOUSING DETAILS**

On-site housing at Asilomar Conference Grounds is offered on a first-come, first-served basis. All costs are per person and inclusive of all standard meals, facility fee, applicable taxes (subject to change) and processing fee of \$20. Meals begin with dinner on arrival date and ends with lunch on departure date. **Check-In at 4PM and Check-Out at 11AM.**

Please number choices in order of preference.

If your choice is not available you will be assigned based on availability and the appropriate charge will apply.

|   |   |
|---|---|
| <p><b>Participant: Historic Room</b><br/>                 3-Nights Stay rate per person<br/> <input type="checkbox"/> Private Room - \$504.71 per person<br/> <input type="checkbox"/> Shared Room (2 Participants) - \$347.48 per person</p> | <p><b>Participant with Guest(s): Historic Room</b><br/>                 3-Nights Stay rate per person<br/> <input type="checkbox"/> Participant - \$504.71 per person <b>PLUS</b><br/> <input type="checkbox"/> Adult Guest - \$166.52 per person<br/> <input type="checkbox"/> Child (3-12 Yrs. Old) - \$140.30 per person</p> |
| <p><b>Participant: Standard Room</b><br/>                 3-Nights Stay rate per person<br/> <input type="checkbox"/> Private Room - \$633.35 per person<br/> <input type="checkbox"/> Shared Room (2 Participants) - \$394.85 per person</p> | <p><b>Participant with Guest(s): Standard Room</b><br/>                 3-Nights Stay rate per person<br/> <input type="checkbox"/> Participant - \$633.35 per person <b>PLUS</b><br/> <input type="checkbox"/> Adult Guest - \$166.52 per person<br/> <input type="checkbox"/> Child (3-12 Yrs. Old) - \$140.30 per person</p> |

Please assign me a roommate (roommate will be assigned by your same gender): I am:  Male  Female **OR**

I would like my roommate(s) to be: \_\_\_\_\_

**Requested Roommate's Registration Form must be received no later than December 15<sup>th</sup> or another roommate will be assigned.**

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

**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 at the time of your booking. 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

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

**CANCELLATION POLICY:** Cancellations made by December 15, 2010 are subject to a \$50.00 cancellation fee per person. No refunds for any cancellations made on or after December 16, 2010. For additional information, maps and directions please visit our website at [www.VisitAsilomar.com](http://www.VisitAsilomar.com) created 9/27/10