



RESERVATION DEADLINE: January 24, 2013



Asilomar Use Only
5194J2

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 REGISTER *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 Betty Forbes at 831-642-4219 Monday thru Friday from 8AM-4PM (PST)

Email completed form to:
AsilomarSales@aramark.com

PERSONAL DETAILS PLEASE PRINT CLEARLY

Last Name _____ First Name _____ Ms. Mr.

Company Name _____

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.*

ONSITE PARTICIPANTS

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, standard meals, applicable fees and taxes (subject to change).

3-Night Stay

Arrive: Sunday, February 24th (4PM) ~ Depart: Wednesday, February 27th (11AM)

Meals begin with dinner on the arrival date and end with lunch on departure date.

PARTICIPANTS

Historic Room

- Single Occupancy-\$574.61 per adult
- Double Occupancy-\$413.78 per adult

Standard Room

- Single Occupancy-\$704.90 per adult
- Double Occupancy-\$461.81 per adult

PARTICIPANTS WITH GUESTS

Historic Room

- Participant-\$574.61 Plus Adult Guest-\$229.04 each
- Youth (3-12 yrs.) Guest-\$169.73 each

Standard Room

- Participant-\$704.90 Plus Adult Guest-\$229.04 each
- Youth (3-12 yrs.) Guest-\$169.73 each

Please assign me a roommate (same gender): I am: Male Female OR I would like my roommate to be: _____

All requested Roommate Reservation Form must be received within 10 days of each other to complete this reservation.

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))

- Visa MasterCard
- American Express Discover Card

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Expiration Date:

Cardholder Name: _____ Cardholder Signature: _____

Check Payment: Payable To: ARAMARK Sports & Entertainment LLC Wire Transfer: Please email Vivian Garcia @ Garcia-Vivian@aramark.com

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 December 24, 2012. Regrettably, no refunds can be made for cancellations received on or after December 25, 2012. 102212-2012vg