



## **RESERVATION DEADLINE: December 4, 2014**

**Asilomar Use Only** 51G8ML

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

☐ Visa

☐ American Express

Cardholder Name:

☐ Discover Card

Asilomar Conference Grounds 800 Asilomar Avenue Pacific Grove, CA 93950

Mail the completed form to:

Email completed form to: AsilomarSales@aramark.com

## 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 7AM-3PM (PST)		
PERSONAL DETAILS	PLEASE PRINT CLEARLY		
Last Name	First Name		Gender:
Company/Institution			
Street Address			Apt/Suite/Unit
City	State _	Zip	Country
Daytime Phone	State _ E-mail a	address*	•
		*Confirmations	will be sent via e-mail if above is completed.
BEFG	Arrive: Sunday, January 4th (4PM) – De Onsite housing at Asilomar Conference Groun fees indicated below are per person and inclusive of three Meals begin with Dinner on arrival day  PARTICIPANTS AND GUESTS  Single Occupancy- \$1,250.00 Double Occupancy - \$1,000.00 per person  ADDITIONA  Please check the boxes below for your requestored the EVENT: Thursday, January 1st TER THE EVENT: Wednesday, January 7th The housing fees indicated below are per person per in PARTICIPANTS AND GUESTS  Single Occupancy - \$253.67 Double Occupancy - \$163.02 per person	epart: Wednesday, January 7th disciplinary in the disciplinary in	ve basis. and Conference Registration Fee  y.  00 0 per person  availability) day, January 3 <sup>rd</sup> y, January 9 <sup>th</sup> e fees and taxes.
I would like to share my re	Please be sure that you and your roommate If you do not request a specific roommate, one will be mate (roommate will be assigned by your same get com with: u are financially responsible for the person nam  OFFSITE PA  All costs are per person and are inclusive of meals, ap Meals begin with dinner on Sunday, January 4th  \$750.00	e(s) list each other on the reservation selected for you based on gender ander)  ed above that you are sharing a RTICIPANTS plicable fees, taxes and Conference and end with lunch on Wednesday, J	a room with.  Registration Fee.
SPECIAL REQUEST(S	: Vegetarian Gluten-Free Disability Acce	9SS	
*The total amount due above wi	amount of * (\$USD) is it like charged upon receipt of your form. The amount write ecause of these changes the final amount charged to you	tten by you above may change if you Ir Credit Card may differ from your tot	r requested dates, room type and/or occupancy type tal. er (please print clearly)

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 November 4, 2014. Regrettably, no refunds can be made for cancellations received on or after November 5, 2014. 101714VG-GCS14

\_Cardholder Signature: \_

Expiration Date: