

FORTY-SIXTH ASILOMAR CONFERENCE ON SIGNALS, SYSTEMS AND COMPUTERS
ASILOMAR CONFERENCE CENTER LODGING/MEALS REGISTRATION FORM
November 04-07, 2012

Last Name:	First Name:	Middle Initial:
E-mail:		
Mailing Address:		
City/State/Zip/Country:		
Work Phone:	Cell Phone:	Fax:

Date of Arrival: ☐ Nov. 4 ☐ Nov. 5 ☐ Nov. 6

You MUST 1) select either Lodging Option A or B below – please read note 1 for details.

2) check boxes corresponding to the desired number of nights and type of lodging on the selected chart below.

By returning this registration, you acknowledge having read Notes 1 - 10 on the bottom of this form.

<input type="checkbox"/> Option A For Registered Conference Participants ONLY			To be selected only when all individuals are also registered at the conference.			
Check-in: 4:00pm Check-out: 11:00am	<input type="checkbox"/> One night <i>NOT available for the night of Monday, November, 5th</i>		<input type="checkbox"/> Two nights		<input type="checkbox"/> Three nights	
	Standard Room	Historic Room	Standard Room	Historic Room	Standard Room	Historic Room
SINGLE	<input type="checkbox"/> \$181.58	<input type="checkbox"/> \$137.25	<input type="checkbox"/> \$343.16	<input type="checkbox"/> \$254.50	<input type="checkbox"/> \$504.74	<input type="checkbox"/> \$371.75
DOUBLE	<input type="checkbox"/> \$99.42	<input type="checkbox"/> \$83.08	<input type="checkbox"/> \$178.84	<input type="checkbox"/> \$146.15	<input type="checkbox"/> \$258.26	<input type="checkbox"/> \$209.23
TOTAL PAYMENT (\$US); amount circled in chart times number of persons						\$
<input type="checkbox"/> I will share a room with: _____ Note: roommate's registration must be received at least 60 days prior to your arrival date or another roommate will be assigned.						
<input type="checkbox"/> Please assign a roommate (same sex roommate only): Male <input type="checkbox"/> Female <input type="checkbox"/> <input type="checkbox"/> Vegetarian meals requested. <input type="checkbox"/> Disability access required. Disability: _____ <input type="checkbox"/> Box lunches for Wednesday are available upon request; please check the box if you would like one.						

<input type="checkbox"/> Option B For Registered Conference Participants with Guest ONLY			To be selected only by conference participants sharing their room with a guest who does not participate in the conference.			
Check-in: 4:00pm Check-out: 11:00am	<input type="checkbox"/> One night <i>NOT available for the night of Monday, November, 5th</i>		<input type="checkbox"/> Two nights		<input type="checkbox"/> Three nights	
	Standard Room	Historic Room	Standard Room	Historic Room	Standard Room	Historic Room
Conference Participant	<input type="checkbox"/> \$181.58	<input type="checkbox"/> \$137.25	<input type="checkbox"/> \$343.16	<input type="checkbox"/> \$254.50	<input type="checkbox"/> \$504.74	<input type="checkbox"/> \$371.75
Adult Guest	<input type="checkbox"/> \$80.75	<input type="checkbox"/> \$80.75	<input type="checkbox"/> \$141.50	<input type="checkbox"/> \$141.50	<input type="checkbox"/> \$202.25	<input type="checkbox"/> \$202.25
Youth (3-12)	<input type="checkbox"/> \$63.93	<input type="checkbox"/> \$63.93	<input type="checkbox"/> \$107.86	<input type="checkbox"/> \$107.86	<input type="checkbox"/> \$151.79	<input type="checkbox"/> \$151.79
TOTAL PAYMENT (\$US); amount circled in chart times number of persons						\$
<input type="checkbox"/> Guest Name: _____ <input type="checkbox"/> Vegetarian meals requested. <input type="checkbox"/> Disability access required. Disability: _____ <input type="checkbox"/> Box lunches for Wednesday are available upon request; please check the box if you would like one.						

Method of Payment (Note: Purchase orders are NOT accepted)

<input type="checkbox"/> Check <input type="checkbox"/> Money order Payable to the order of: ARAMARK Sports & Entertainment LLC	<input type="checkbox"/> Credit Card (<i>only VISA, MasterCard, or American Express accepted</i>) <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> Amex </div> CC number: _____ Expiration Date: _____ Cardholder's name: _____ Cardholder's signature: _____
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Mailing Address: Asilomar Conference Center, P.O. Box 537, Pacific Grove, CA 93950 Attn: Pat Kauffman	Faxed/e-mail Registrations: Accepted with credit card payment only Fax: (831) 642-4262 AsilomarSales@aramark.com
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IMPORTANT NOTES, PLEASE READ CAREFULLY

1. **Note for 2012!** - The Asilomar Conference Grounds offers two lodging options to conference attendees:
 - a. **Lodging Option A:** should be selected when all individuals registering at the hotel are also registered participants of the 46th Asilomar Conference on Signals, Systems and Computers. Technical registration status will be verified by the Technical Conference staff and hotel fees will be adjusted accordingly (an additional \$60.00/night/guest will be charged) if records indicate that they are not registered at the Conference when hotel registration is received).
 - b. **Lodging Option B:** should be selected when the registered participant of the Conference shares lodging with a guest not registered at the Conference.
2. **Prices** are shown for one person; including housing, tax, and meals (Monday night dinner is a buffet reception). Rates include the 2012 Pacific Grove Tourism Assessment Tax equal to \$1.00/night/room.
3. **Cancellation Policy:** Cancellations are subject to a \$50.00 per person cancellation fee. Cancellation notice after 08/26/12 is subject to forfeiture of all fees if space is not sold. In case of cancellation on day of arrival or early departure, all fees are forfeited.
4. **Room Availability:** There are a **limited** number of rooms in each category; availability in all room categories cannot be guaranteed. Hotel registration **priority is given to 3-night registrants on a first come basis**. Please indicate first and second choice. If your room choice is not available, you will be reassigned with the appropriate room charge. Single-night rate is not available for the night of Monday, November, 5th. Reservations received for this option will not be honored.
5. **Payment:** Purchase orders and telephone reservations will not be accepted. Faxed reservations accepted only with credit card payment; reservations secured only with payment included. Only checks drawn on US banks are accepted.
6. **Credit Card Payment:** Asilomar will bill your credit card upon receipt of lodging request and confirmation will be sent later.
7. **Registration notifications** will be sent back by FAX or e-mail if such information is available.
8. **Lodging Information:** Check-in Time is 4pm. Check-out time is 11am. All sleeping and meeting rooms are non-smoking. **Televisions and telephones are not available in the sleeping quarters**. Complimentary wireless internet in the sleeping rooms and main lobby. In-house and public phones available throughout the grounds. Crib use is not charged for infants 2 years and under. Children under 12 are allowed in the room at a reduced rate.
9. **Meal service** is "American Plan", i.e., dinner each night while staying at Asilomar, and breakfast and lunch the following day. Dinner on Monday evening will be held at Asilomar as a buffet reception. A welcoming dessert reception will be held on Sunday evening from 7:30pm to 9:00pm. Specific locations to be announced in the final program.
10. **Any changes or special concerns** must be faxed to 831-642-4262 or emailed to Kauffman-Patricia@aramark.com. For additional general information about Asilomar Conference Center, please visit the website www.VisitAsilomar.com or call (831) 642-4218.