

**FORTY-FIFTH ASILOMAR CONFERENCE ON SIGNALS, SYSTEMS AND COMPUTERS**  
**ASILOMAR CONFERENCE CENTER LODGING/MEALS REGISTRATION FORM**  
**November 06- 09, 2011**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

E-mail Address: (Please **PRINT CLEARLY**) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / Zip / Country: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Arrival: ☐ Nov. 6 ☐ Nov. 7 ☐ Nov. 8**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"/> <b>Option A</b> <b>For Registered Conference Participants ONLY</b>			<b>To be selected only when all individuals are also registered at the conference.</b>			
Check-in: 4:00pm  Check-out: 11:00am	<input type="checkbox"/> <b>One night</b> <i>NOT available for the night of Monday, November, 7<sup>th</sup></i>		<input type="checkbox"/> <b>Two nights</b>		<input type="checkbox"/> <b>Three nights</b>	
	<b>Standard Room</b>	<b>Historic Room</b>	<b>Standard Room</b>	<b>Historic Room</b>	<b>Standard Room</b>	<b>Historic Room</b>
	SINGLE	<input type="checkbox"/> \$161.45 <input type="checkbox"/> \$119.23	<input type="checkbox"/> \$302.90 <input type="checkbox"/> \$218.46	<input type="checkbox"/> \$444.35 <input type="checkbox"/> \$317.69		
	DOUBLE	<input type="checkbox"/> \$83.18 <input type="checkbox"/> \$67.62	<input type="checkbox"/> \$146.36 <input type="checkbox"/> \$115.24	<input type="checkbox"/> \$209.54 <input type="checkbox"/> \$162.86		
<b>TOTAL PAYMENT (\$US); amount circled in chart times number of persons</b>						\$
<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"/> <b>Option B</b> <b>For Registered Conference Participants with Guest ONLY</b>			<b>To be selected only by conference participants sharing their room with a guest who does not participate in the conference.</b>			
Check-in: 4:00pm  Check-out: 11:00am	<input type="checkbox"/> <b>One night</b> <i>NOT available for the night of Monday, November, 7<sup>th</sup></i>		<input type="checkbox"/> <b>Two nights</b>		<input type="checkbox"/> <b>Three nights</b>	
	<b>Standard Room</b>	<b>Historic Room</b>	<b>Standard Room</b>	<b>Historic Room</b>	<b>Standard Room</b>	<b>Historic Room</b>
	Conference Participant	<input type="checkbox"/> \$161.45 <input type="checkbox"/> \$119.23	<input type="checkbox"/> \$302.90 <input type="checkbox"/> \$218.46	<input type="checkbox"/> \$444.35 <input type="checkbox"/> \$317.69		
	Guest	<input type="checkbox"/> \$68.25 <input type="checkbox"/> \$68.25	<input type="checkbox"/> \$116.50 <input type="checkbox"/> \$116.50	<input type="checkbox"/> \$164.74 <input type="checkbox"/> \$164.75		
<b>TOTAL PAYMENT (\$US); amount circled in chart times number of persons</b>						\$
<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:  <b>ARAMARK Sports &amp; Entertainment LLC</b>	<input type="checkbox"/> Credit Card ( <i>only VISA, MasterCard, or American Express accepted</i> )  <div style="text-align: center;"> <input type="checkbox"/> VISA     <input type="checkbox"/> MC     <input type="checkbox"/> Amex         </div> CC number: _____ Expiration Date: _____  Cardholder's name: _____  Cardholder's signature: _____

  

<b>Mailing Address:</b> Asilomar Conference Center, P.O. Box 537, Pacific Grove, CA 93950 Attn: Pat Kauffman or Betty Forbes	<b>Faxed/e-mail Registrations:</b> <b>Accepted with credit card payment only</b> Fax: (831) 642-4262 Kauffman-Patricia@aramark.com
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## IMPORTANT NOTES, PLEASE READ CAREFULLY

1. **New for 2011!** - 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 45<sup>th</sup> 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 2011 Pacific Grove Tourism Assessment Tax equal to \$1.00/night/room.
3. **Cancellation Policy:** Cancellations are subject to a \$50.00 cancellation fee. Cancellation notice after 08/26/11 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, 7<sup>th</sup>. 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**. 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 (call Asilomar for details).
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. For additional general information about Asilomar Conference Center, call (831) 642-4222.