

**RESERVATION FORM  
ARE Northern CA Region  
November 5 - 7, 2010  
50223L**



Asilomar Use Only

**One Form per  
person/family**

P O Box 537, 800 Asilomar Blvd., Pacific Grove, CA 93950 Phone: (831) 642-4222 Fax: (831) 642-4261 [www.VisitAsilomar.com](http://www.VisitAsilomar.com)

**WAYS TO RESERVE A GUESTROOM**

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

**MAIL** the completed form to:  
Asilomar Conference Grounds  
P.O. Box 537

**TELEPHONE:**  
Reservations will not be accepted  
over the phone, however if you have  
any questions you can call us at  
831-642-4222

**EMAIL** completed form to:  
AsilomarSales@aramark.com

800 Asilomar Avenue  
Pacific Grove, CA 93950

**PERSONAL DETAILS** Please print clearly; Payment must accompany this reservation form.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Mr. Ms.

Street Address \_\_\_\_\_ Apt/Suite/Unit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ 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, applicable taxes (subject to change) and one time Processing Fee of \$20. Meals begin with dinner on arrival date and end with lunch on departure date. **Check-In at 4PM and Check-Out at 11AM.** Note: After September 4, 2010, room availability may be limited.

**Please put a check mark on which type of room and occupancy you prefer:**

The rates below are for a total of a 2-nights stay.

**HISTORIC ROOM**

- Single Occupancy - \$335.52 per Adult  
Double Occupancy - \$233.32 per Adult

**STANDARD ROOM**

- Single Occupancy - \$419.12 per Adult  
Double Occupancy - \$264.12 per Adult

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

I would like my roommate to be: \_\_\_\_\_

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

**AMOUNT DUE** Total Housing Fee: \$ \_\_\_\_\_ This amount is due and will be charged upon the receipt of your form. The amount written by you above may change if your status as a single or double occupancy changes. Please note because of these changes the final amount charged to your Credit Card may differ from your total.

- Visa MasterCard  
American Express Discover Card

Credit Card Number (please print clearly)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration Date:

Cardholder Name: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

Check Payment: All checks are payable to **ARAMARK Sports & Entertainment LLC**

**SPECIAL REQUEST(S)**

Vegetarian Gluten-Free Disability Access \_\_\_\_\_

**CANCELLATION POLICY:** Cancellations made by September 4, 2010 are subject to a \$50 cancellation fee per person. No refunds for any cancellations made on or after September 5, 2010. For additional information, maps and directions please visit our website at [www.VisitAsilomar.com](http://www.VisitAsilomar.com)