



LODGING RESERVATION DEADLINE: MAY 16, 2013



Asilomar Use Only
51D6WH

One Form per Person/Family

800 Asilomar Avenue, Pacific Grove, CA 93950 Phone: (831) 372-8016 Fax: (831) 642-4262 www.VisitAsilomar.com

FULL PAYMENT MUST ACCOMPANY THIS RESERVATION FORM TO GUARANTEE A RESERVATION

WAYS TO RESERVE A ROOM

Fax completed form to:
831-642-4262

Email completed form to:
AsilomarSales@aramark.com

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 Patricia Kauffman at 831-642-4218 Monday thru Friday from 8AM-4PM (PST)

PERSONAL DETAILS PLEASE PRINT CLEARLY

Last Name _____ First Name _____ ☐ Ms. ☐ Mr.

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.*

Standard Room

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 in Asilomar, applicable fees and taxes (subject to change).
Meals begin with dinner on the arrival date and end with lunch on departure date.

5-NIGHT STAY

Arrive: Sunday, June 16th (4PM) – Depart: Friday, June 21st (11AM)

☐ Single Occupancy - \$1203.45

☐ Double Occupancy - \$785.95 per adult

4-NIGHT STAY

Arrive: Monday, June 17th (4PM) – Depart: Friday, June 21st (11AM)

☐ Single Occupancy - \$966.76

☐ Double Occupancy - \$632.76 per adult

Please assign me a roommate (roommate will be assigned by your same gender and subject to availability): I am: ☐ Male ☐ Female
OR I would like my roommate to be:

Requested Roommate Reservation Form must be received within 5 business days of each other to complete this reservation or another person will be assigned. Please note that if we cannot find a roommate for you at the time of your booking, the single occupancy total value will be applied.

☐ 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

Expiration Date: _____

Cardholder Name: _____ Cardholder Signature: _____

Check Payment: Payable To: ARAMARK Sports & Entertainment LLC

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 April 15, 2013. Regrettably, no refunds can be made for cancellations received on or after April 16, 2013.

121712VG-2012D