

**JOHN STEPHENSON CONFERENCE**  
May 9-12, 2014



**RESERVATION DEADLINE: April 9, 2014**

Asilomar Use Only

**5 1 1 1 3 R**

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

**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 or via email at Kauffman-Patricia@aramark.com Monday thru Friday from 8AM-4PM (PST)

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

**PERSONAL DETAILS** PLEASE PRINT CLEARLY

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender:  Male  Female  
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.*

**3-NIGHT STAY**

**Arrive: Friday, May 9<sup>th</sup> (4PM) – Depart: Monday, May 12<sup>th</sup> (11AM)**

Onsite housing at Asilomar Conference Grounds is offered on a first-come, first-serve basis.

All costs are per person or per room and are inclusive of room, meals, applicable fees and taxes (subject to change).

Meals begin with Dinner on arrival day and end with Lunch on departure day.

**PLEASE NUMBER YOUR CHOICES**

- Single Occupancy - \$728.21 *per person*
- Double Occupancy - \$965.32 *per room* (\$482.66 *per person*)

Please check the boxes below for your requested additional nights (subject to availability)

**BEFORE THE EVENT**  Thursday, May 8<sup>th</sup> **AFTER THE EVENT**  Monday, May 12<sup>th</sup>

All costs are per room or per person based on the occupancy type and are inclusive of room, meals, applicable fees and taxes (subject to change).

**PLEASE NUMBER YOUR CHOICES**

- Single Occupancy - \$236.07 *per person*
- Double Occupancy - \$308.44 *per room* (\$154.22 *per person*)

Please assign me a roommate (roommates will be assigned by your same gender) **OR**  I would like to share my room with (list name below)

NAME \_\_\_\_\_

*All requested Roommate Reservation Form must be received within 5 days of each other to complete this reservation.*

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 \_\_\_\_\_

**NOTES:**

**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))

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Expiration Date: \_\_\_\_|\_\_\_\_| \_\_\_\_|\_\_\_\_|

- Visa  MasterCard
- American Express  Discover Card

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 March 9, 2014. Regrettably, no refunds can be made for cancellations received on or after March 10, 2014.

122013VG/GFS14