



**RESERVATION DEADLINE: December 12, 2013**



**Asilomar Use Only**  
**51A19Q**

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**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)

**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.*

<p><b>4-NIGHT STAY</b>  <b>Arrive: Sunday, January 12<sup>th</sup> (4PM) – Depart: Thursday, January 16<sup>th</sup> (11AM)</b>                  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, applicable fees and taxes (subject to change).                  Meals begin with dinner on the arrival date and end with lunch on departure date.</p>	
<p style="text-align: center;"><b>PARTICIPANTS ONLY</b></p> <p><b>HISTORIC ROOM</b>  <input type="checkbox"/> Single Occupancy - \$791.32  <input type="checkbox"/> Double Occupancy - \$545.32 <u>per adult</u></p> <p><b>STANDARD ROOM</b>  <input type="checkbox"/> Single Occupancy - \$946.12  <input type="checkbox"/> Double Occupancy - \$625.32 <u>per adult</u></p>	<p style="text-align: center;"><b>PARTICIPANTS WITH GUEST(S)</b></p> <p><b>HISTORIC ROOM</b>  <input type="checkbox"/> Participant - \$791.32 Plus  <input type="checkbox"/> Adult Guest - \$304.52 <u>per adult</u>  <input type="checkbox"/> Youth Guest (3-12 years) - \$224.36 <u>per youth</u></p> <p><b>STANDARD ROOM</b>  <input type="checkbox"/> Participant - \$946.12 Plus  <input type="checkbox"/> Adult Guest - \$304.52 <u>per adult</u>  <input type="checkbox"/> Youth Guest (3-12 years) - \$224.36 <u>per youth</u></p>
<p>Please assign me a roommate (roommate will be assigned by your same gender): I am: <input type="checkbox"/> Male <input type="checkbox"/> Female                  OR I would like my roommate(s) to be: _____  <i>All requested Roommate Reservation Form must be received within 5 days of each other to complete this reservation.</i>  <input type="checkbox"/> Please check here if you are financially responsible for the person named above that you are sharing a room with.</p>	

**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))

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
<input type="checkbox"/> American Express	<input type="checkbox"/> Discover Card	Expiration Date: <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> / <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>									

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 November 12, 2013. Regrettably, no refunds can be made for cancellations received on or after November 13, 2013.