LODGING & MEALS RESERVATION

ReleaseTechnique

March 16-22, 2012

ASILOMAR CONFERENCE GROUNDS

Asilomar Use Only
5181O2

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

Fax completed form to:
831-642-4262 or 831-642-4261

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 Betty Forbes at 831-642-4219 Monday thru Friday (8AM-4PM PST)

PERSONAL DETAILS

Please print clearly; Payment must accompany this registration form.

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

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.

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, facility fee, applicable taxes (subject to change) and a one time processing fee of $20.

Please mark your preference. If your choice is not available you will be assigned based on availability and the appropriate charge will apply.

6-Night Stay
Arrival: Friday, March 16th (4PM) Departure: Thursday, March 22nd (11AM)
Meals Inclusive: Begins with Dinner on arrival day and ends with Lunch on departure day.

HISTORIC ROOM	STANDARD ROOM
☐ Single Occupancy - $979.28 per adult ☐ Double Occupancy - $666.62 per adult	☐ Single Occupancy - $1232.60 per adult ☐ Double Occupancy - $759.98 per adult

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

OR I would like my roommate(s) to be: _____

NAME(S) Requested Roommate's Registration Form must be received no later than 1/16/12 or another roommate will be assigned.

☐ **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*
Wire Transfer: *Please email Vivian Garcia at garcia-vivian@aramark.com*

CANCELLATION POLICY: A full refund, less a service charge of $50 per person is given for cancellations received in writing (letter, fax or email) by January 16, 2012. Regrettably, no refunds can be made for cancellations received on or after January 17, 2012 but we will accept a substitute participant at no additional charge. (First transfer is free – 2nd one and thereafter will have a $100 fee per transfer.)