

LODGING & MEALS RESERVATION



Workshops in Vascular Biology 2012
October 14-18, 2012



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

Asilomar Use Only 51319F
One Form per Person/Family

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 contact Betty Forbes at 831-642-4219 Monday thru Friday from 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.

4-Night Stay Arrival: Sunday, October 14 th (4PM) Departure: Thursday, October 18 th (11AM) Meals Inclusive: Begins with dinner on arrival day and ends with lunch on the departure day.	
HISTORIC ROOM	STANDARD ROOM
<input type="checkbox"/> Single Occupancy - \$677.08 per adult <input type="checkbox"/> Double Occupancy - \$462.58 per adult	<input type="checkbox"/> Single Occupancy - \$850.97 per adult <input type="checkbox"/> Double Occupancy - \$526.65 per adult
For additional night(s), please note it below and Asilomar Reservations Department will get back to you on availability and rates. Date(s): _____	

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 8/13/12 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 August 14, 2012. Regrettably, no refunds can be made for cancellations received on or after August 15, 2012.