

**LODGING RESERVATION  
Cyclone Workshop  
March 27 – April 1, 2011  
#51357U**



Asilomar Use Only

One Form per Person/Family

P O Box 537, 800 Asilomar Ave., Pacific Grove, CA 93950 Phone: (831) 642-4222 Fax: (831) 642-4262 [www.VisitAsilomar.com](http://www.VisitAsilomar.com)

**WAYS TO RESERVE LODGING**

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

**Mail** the completed form to:  
Asilomar Conference Grounds  
P.O. Box 537  
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 the Group Sales Office at 831-642-4222

**Email** completed form to:  
[AsilomarSales@aramark.com](mailto:AsilomarSales@aramark.com)

**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 by e-mail.*

**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 meals, facility fee, applicable taxes (subject to change) and processing fee of \$20. Meals begin with dinner on arrival date and ends with lunch on departure date. **Check-In at 4PM and Check-Out at 11AM.**

Please number choices in order of preference.

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

**5-Nights Stay rate per person in a Standard Room**

- Private Room - \$1,152.27 per person  
 Shared Room (2 Participants) - \$754.76 per person

Please assign me a roommate (roommate will be assigned by your same gender): I am:  Male  Female **OR**  
I would like my roommate to be: \_\_\_\_\_

**Requested Roommate's Reservation Form must be received no later than January 27, 2011 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.**

**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 at the time of your booking. 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

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Expiration Date:

Cardholder Name: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

**Check Payment:** Payable to ARAMARK Sports & Entertainment LLC **Mail To:** P.O. Box 537 Pacific Grove, CA 93950

**Wire Transfer:** Please email Vivian Garcia at [Garcia-Vivian@aramark.com](mailto:Garcia-Vivian@aramark.com) for more information.

**SPECIAL REQUEST(S):**  Vegetarian  Gluten-Free  Disability Access \_\_\_\_\_

**CANCELLATION POLICY:** Cancellations made by January 27, 2011 are subject to a \$50.00 cancellation fee per person. No refunds for any cancellations made on or after January 28, 2011. For additional information, maps and directions please visit our website at [www.VisitAsilomar.com](http://www.VisitAsilomar.com) created 11/17/10