

MEETING RESERVATION



May 16-20, 2012



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

Asilomar Use Only
517760

ONE FORM PER PERSON

OFFSITE GUESTS ONLY

WAYS TO REGISTER *PAYMENT MUST ACCOMPANY THIS FORM*

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 Vivian Garcia at 831-642-4213 Monday thru Friday from 8AM-4PM (PST)

PERSONAL DETAILS PLEASE PRINT CLEARLY

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.*

(1)Put a check mark on your meal choices (2) Circle the amount (Student/General) (3) Bring the total to the far right column.

*Prices below are for **one person** only and inclusive of all applicable taxes.*

Date	Day	Breakfast	Lunch	Dinner	Student	General	TOTAL
16-May	Wed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150.00	\$200.00	\$
17-May	Thu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150.00	\$200.00	\$
18-May	Fri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150.00	\$200.00	\$
19-May	Sat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150.00	\$200.00	\$
20-May	Sun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150.00	\$200.00	\$
TOTAL AMOUNT DUE:							\$
(This amount will be charged upon receipt of your form)							

SPECIAL REQUEST(S):

Vegetarian Gluten-Free

PURCHASED MEAL TICKETS WILL BE AVAILABLE FOR PICK UP ON THE OPENING DATE AT THE FRONT DESK OR THE GROUP'S REGISTRATION DESK.

(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

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 April 16, 2012. Regrettably, no refunds can be made for cancellations received on or after April 17, 2012.

012612-2011Tier2+5+cnffeevg