

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/Family

WAYS TO REGISTER *PAYMENT MUST ACCOMPANY THIS FORM*

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

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)

Email completed form to:
 AsilomarSales@aramark.com

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.*

HOUSING DETAILS

PLEASE MARK YOUR PREFERENCE						
Check-In: 4PM ~ Check-Out: 11AM						
Meals begin with dinner on arrival day and ends with lunch on departure day.						
PARTICIPANTS ONLY						
Occupancy Type All rates are per person	Mon May 14 th	Tue May 15 th	MAIN EVENT Wed - Sat May 16 th – 19 th	Sun May 20 th	Mon May 21 st	Total
Single	<input type="checkbox"/> \$210.61 pp	<input type="checkbox"/> \$210.61 pp	<input type="checkbox"/> \$1100 pp	<input type="checkbox"/> \$210.61 pp	<input type="checkbox"/> \$210.61 pp	\$
Double	<input type="checkbox"/> \$128.45 pp*	<input type="checkbox"/> \$128.45 pp*	<input type="checkbox"/> \$750 pp	<input type="checkbox"/> \$128.45 pp*	<input type="checkbox"/> \$128.45 pp*	\$
PARTICIPANTS WITH GUEST(S)						
Participant	<input type="checkbox"/> \$210.61 pp	<input type="checkbox"/> \$210.61 pp	<input type="checkbox"/> \$1100 pp	<input type="checkbox"/> \$210.61 pp	<input type="checkbox"/> \$210.61 pp	\$
Please contact Heather Cartwright at Heather.Cartwright@stanford.edu if guest(s) will be attending the Gala Dinner at Aquarium						
Guest (Adult)	<input type="checkbox"/> \$49.78 pp	<input type="checkbox"/> \$49.78 pp	<input type="checkbox"/> \$219.12 pp	<input type="checkbox"/> \$49.78 pp	<input type="checkbox"/> \$49.78 pp	\$
Guest (Youth 3-12 yrs. old)	<input type="checkbox"/> \$40.82 pp	<input type="checkbox"/> \$40.82 pp	<input type="checkbox"/> \$183.28 pp	<input type="checkbox"/> \$40.82 pp	<input type="checkbox"/> \$40.82 pp	\$
<p>*Double Occupancy rates for the night of the 14th, 15th, 20th and 21st can only be guaranteed if you have a confirmed roommate otherwise the Single Occupancy rate of \$210.61 per night will be applied.</p>						\$
<p>Total Amount Due: 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.</p>						\$

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

OR I will be sharing a room with: _____
 NAME(S) and AGE(S) if under 18 years old Please check here if you are financially responsible for the person(s) named above.

SPECIAL REQUEST(S): Vegetarian Gluten-Free Disability Access _____

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