

**LODGING AND MEALS RESERVATION**

**Bible Seminars**

June 17-22, 2012



<b>Asilomar Use Only</b> <b>5164WC</b>
<b>One Form per Person/Family</b>

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

**WAYS TO RESERVE A ROOM** *PAYMENT MUST ACCOMPANY THIS RESERVATION 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 Patricia Kauffman at 831-642-4218 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** On-site housing at Asilomar Conference Grounds is offered on a first-come, first-serve basis. All costs are per person and are ALL-INCLUSIVE of all standard meals, fees and applicable taxes (subject to change) and a one time processing fee of \$20.

<b>PLEASE MARK YOUR PREFERENCE</b>	
5-Night Stay	
Arrive: Sunday, June 17 <sup>th</sup> (4PM) ~ Depart: Friday, June 22 <sup>nd</sup> (11AM)	
Meals begin with Dinner on arrival day and ends with Lunch on departure day.	
<b>Historic Room</b> <input type="checkbox"/> Single Occupancy - \$851.35 per adult <input type="checkbox"/> Double Occupancy - \$580.55 per adult	<b>Standard Room</b> <input type="checkbox"/> Single Occupancy - \$1073.05 per adult <input type="checkbox"/> Double Occupancy - \$662.25 per adult <input type="checkbox"/> Triple/Quad Occupancy - \$503.85 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) 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 \_\_\_\_\_

**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](mailto: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 April 17, 2012. Regrettably, no refunds can be made for cancellations received on or after April 18, 2012.