

LODGING AND MEALS RESERVATION

Dust or Magic **2012**
AppCamp



MAY 20-22, 2012



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

Asilomar Use Only
5188WK

One Form per Person/Family

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.

<p>PLEASE MARK YOUR PREFERENCE 2-Night Stay Standard Room Arrive: Sunday, May 20th (4PM) ~ Depart: Tuesday, May 22nd (11AM) Meals begin with Dinner on Sunday and ends with Lunch on Tuesday</p>	
<p>PARTICIPANTS ONLY <input type="checkbox"/> Single Occupancy - \$463.14 per adult <input type="checkbox"/> Double Occupancy - \$298.82 per adult</p>	<p>PARTICIPANTS WITH GUEST(S) <input type="checkbox"/> Participant - \$463.14 per adult <input type="checkbox"/> Guest (Adult) - \$141.50 per adult <input type="checkbox"/> Guest (Youth 3-12 yrs. old) - \$107.86 per youth</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 _____

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))

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> American Express	<input type="checkbox"/> Discover Card	Expiration Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

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 20, 2012. Regrettably, no refunds can be made for cancellations received on or after March 21, 2012.