AWHONN
PROMOTING THE HEALTH OF WOMEN AND NEWBORNS

Northern California Perinatal Leadership Conference
August 21-23, 2013

LODGING RESERVATION DEADLINE: July 21, 2013

ASILOMAR CONFERENCE GROUNDS

Asilomar Use Only
51D6ID
One Form per Person/Family

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

WAYS TO RESERVE A ROOM

Full payment must accompany this reservation form to guarantee a reservation.

Fax completed form to:
831-642-4262

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 Betty Forbes at 831-642-4219 or email Forbes-Betty@aramark.com
Monday thru Friday from 8AM-4PM (PST)

PERSONAL DETAILS

PLEASE PRINT CLEARLY

Last Name _____ **First** Name _____ ☐Ms. ☐Mr.

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.*

Onsite housing at Asilomar Conference Grounds is offered on a first-come, first-serve basis. All costs are per person and are inclusive of room, standard meals, applicable fees and taxes (subject to change).
Meals begin with dinner on the arrival date and end with lunch on departure date.

2-NIGHT STAY	**1-NIGHT STAY**
Arrive: Wednesday, August 21st (4PM)	Arrive: Thursday, August 22nd (4PM)
Depart: Friday, August 23rd (11AM)	Depart: Friday, August 23rd (11AM)
HISTORIC	**HISTORIC**
☐Single Occupancy - $449.66 per adult	☐Single Occupancy - $234.83 per adult
☐Double Occupancy - $304.66 per adult	☐Double Occupancy - $162.33 per adult
STANDARD	**STANDARD**
☐Single Occupancy - $515.66 per adult	☐Single Occupancy - $267.83 per adult
☐Double Occupancy - $337.66 per adult	☐Double Occupancy - $178.83 per adult

Please assign me a roommate (same gender): I am: ☐Male ☐Female
OR I would like my roommate(s) to be:_____
All requested Roommate Reservation Forms must be received within 5 days of each other to complete this reservation.
☐ **Please check here if you are financially responsible for the person named above that you are sharing a room with.**

SPECIAL REQUEST(S):

☐Vegetarian ☐Gluten-Free ☐Disability Access _____

AMOUNT DUE

The total amount of * ($USD) _____ is due and ***will be charged upon receipt***. (Rates above are per person)

**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*

CANCELLATION POLICY: A full refund, less a service charge of $100 per person is given for cancellations received in writing (letter, fax or email) by June 21, 2013. Regrettably, no refunds can be made for cancellations received on or after June 22, 2013.

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