

ROOM RESERVATION FORM
Assn Pre Peri Natal Psych
April 22 – 29, 2009
#22901U



Asilomar Use Only

**One Form per
 Person/Family**

P O Box 537, 800 Asilomar Blvd., Pacific Grove, CA 93950 Phone: (831) 642-4222 Fax: (831) 642-4261 www.VisitAsilomar.com

WAYS TO RESERVE ROOM

- 1) Fax completed form to: 831-642-4261 with credit card information
 2) Mail the completed form to:
 Asilomar Conference Grounds
 P.O. Box 537
 800 Asilomar Avenue
 Pacific Grove, CA 93950
 3) Telephone: Not accepted by telephone phone, however if you have any questions you can call or email Karen Grimshaw at 831-642-4272 or kgrimsha@dncinc.com

PERSONAL DETAILS

Please print clearly; Payment must accompany this registration form.

First Name _____ Last Name _____ Mr. ___ Ms. ___
 Street Address _____ Apt/Suite/Unit _____
 City _____ State _____ Zip _____ Country _____
 Phone _____ Fax _____ E-mail address* _____
 *Confirmations will be sent by e-mail.

HOUSING DETAILS

On-site housing at Asilomar Conference Grounds is offered on a first-come, first-served basis. All costs are per person/night and inclusive of all standard meals and applicable taxes. Meals begin with dinner on the first night and end with lunch on the last day. Check-In at 3PM and Check-Out at NOON. *Additional nights before or after the above dates can be added based on our availability at the time of your booking at the rate of \$168 per night double occupancy, bed & breakfast. Please indicate here _____ the date(s) you would like to add and an Asilomar Representative will contact you for the availability.*

Arrival Date: April / _____ / 2009 **Departure Date:** April / _____ / 2009 Number of Nights: _____

Please number choices in order of your occupancy preference:

- ____ Standard Room (Single Occupancy) \$199.26 pp/night *available for the nights of 4/22 thru 4/28 (7 nights)
 ____ Standard Room (Double Occupancy) \$121.76 pp/night *available for the nights of 4/22 thru 4/28 (7 nights)
 ____ Standard Room (Triple Occupancy) \$91.90 pp/night *available for the nights of **4/24 thru 4/26 only** (3 nights)
 ____ Historic Room (Single Occupancy) \$157.46 pp/night *available for the nights of **4/24 thru 4/26 only** (3 nights)
 ____ Historic Room (Double Occupancy) \$106.36 pp/night *available for the nights of **4/24 thru 4/26 only** (3 nights)
 ____ Youth (3-17 years old) \$76.86 pp/night *must be with an adult in the room

Please assign me a roommate (roommates will be assigned by your same gender)

I am: Male _____ Female _____ **OR** I would like my roommate(s) to be:

Name 1: _____ Name 2: _____

AMOUNT DUE

The total amount below is due and will be charged upon the receipt of your form.

Multiply the # of nights: _____ x nightly rate _____ = Housing Fees: \$ _____
 Processing Fee: \$ 20.00
 Total Amount Due: \$ _____

Credit Card Payment _____ Exp: _____
 Check Payment: All checks are payable to **DNCP&R at Asilomar** Cardholder Signature: _____

SPECIAL REQUEST(S)

Vegetarian _____ Medical Diet (see Chef on the arrival day) _____
 Disability Access and/or Special Requirements _____

COMPLETED FORM AND PAYMENT MUST BE RECEIVED NO LATER THAN FEBRUARY 22, 2009 TO ASSURE RESERVATIONS
 Cancellations made **before 60 Days prior to the arrival date** are subject to a **\$50 cancellation fee. No refunds** for any cancellations **within 60 Days prior to the arrival date**. To preserve the refuge atmosphere at Asilomar, our Guest Rooms are free from the distraction of televisions and