

**LODGING RESERVATION
CIAP2011
July 24 – 29, 2011
#5016YP**



Asilomar Use Only

One Form per Person/Family

P O Box 537, 800 Asilomar Ave., Pacific Grove, CA 93950 Phone: (831) 642-4222 Fax: (831) 642-4262 www.VisitAsilomar.com

WAYS TO RESERVE LODGING

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

Mail the completed form to:
Asilomar Conference Grounds
P.O. Box 537
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 the Group Sales Office at 831-642-4222

Email completed form to:
AsilomarSales@aramark.com

PERSONAL DETAILS Please print clearly; Payment must accompany this registration form.

Last Name _____ First Name _____ Mr. Ms.
 Street Address _____ Apt/Suite/Unit _____
 City _____ State _____ Zip _____ Country _____
 Daytime Phone _____ 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 and inclusive of all meals, facility fee, applicable taxes (subject to change), one time processing fee of \$20 and CIAP's Registration Fee of \$350. Meals begin with dinner on arrival date and ends with lunch on departure date.

Check-In at 4PM and Check-Out at 11AM.

Please number choices in order of preference.

If your choice is not available you will be assigned based on availability and the appropriate charge will apply.

Participant:	Participant with Guest(s):
<p>5-Nights Stay rate per person</p> <input type="checkbox"/> Private Room - \$1,377.28 per person <input type="checkbox"/> Shared Room (2 Participants) - \$985.90 per person <input type="checkbox"/> Shared Room (3-4 Participants) - \$835.04 per person	<p>5-Nights Stay rate per person</p> <input type="checkbox"/> Participant - \$1,377.28 per person PLUS <input type="checkbox"/> Adult Guest - \$261.19 per person <input type="checkbox"/> Child (3-12 Yrs. Old) - \$218.09 per person <input type="checkbox"/> Child (0-2 Yrs. Old) - \$0.00 per person

Charter Bus Transportation – Contact CIAP for more Information

To/From San Francisco Airport (SFO) \$80.00 per person

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: _____

Requested Roommate's Reservation Form must be received no later than May 24, 2011 or another roommate will be assigned.

Please check here if you are financially responsible for the person named above that you are sharing a room with.

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 at the time of your booking. 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

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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 for more information.

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

CANCELLATION POLICY: Cancellations made by May 24, 2011 are subject to a \$50.00 cancellation fee per person. No refunds for any cancellations made on or after May 25, 2011. For additional information, maps and directions please visit our website at www.VisitAsilomar.com