

LODGING & MEALS RESERVATION
Genetic Information Genomic Impact
 February 24-28, 2012
 #5178XG



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 A ROOM

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

Email completed form to:
 AsilomarSales@aramark.com

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

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 via e-mail if above is completed.**

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 standard meals, facility fee, applicable taxes (subject to change) and a one time processing fee of \$20. Meals begin with dinner on arrival date and ends with lunch on departure date. **Check-In at 4PM and Check-Out at 11AM.**

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

4 Nights Stay Arrival: Friday, February 24 th Departure: Tuesday, February 28 th	
PARTICIPANTS ONLY	PARTICIPANTS with GUEST(S)
<input type="checkbox"/> Single Occupancy - \$818.24 per adult <input type="checkbox"/> Double Occupancy - \$508.24 per adult <input type="checkbox"/> Triple Occupancy - \$388.76 per adult (<i>Students Only</i>)	<input type="checkbox"/> Participant - \$818.24 per adult PLUS <input type="checkbox"/> Adult Guest - \$211.44 per adult <input type="checkbox"/> Youth Guest - \$177.32 per youth (3-12 yrs. old)

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) Requested Roommate's Registration Form must be received no later than 12/23/11 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.

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 for more information.

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 December 24, 2011. Regrettably, no refunds can be made for cancellations received on or after December 25, 2011 but we will accept a substitute participant at no additional charge. (First transfer is free – 2nd one and thereafter will have a \$100 fee per transfer.)