

**LODGING & MEALS RESERVATION
CA MENTAL HEALTH
ADVOCATES**
May 15-18, 2012



**Asilomar Use Only
5188XG**

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 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 Betty Forbes at 831-642-4219 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.

PLEASE MARK YOUR PREFERENCE	
Check-In Time: 4PM Check-Out Time: 11AM Meals begin with Dinner on the arrival day and ends with Lunch on the departure day	
2-Night Stay (Arrive: May 16th - Depart: May 18th)	3-Night Stay (Arrive: May 15 - Depart: May 18th)
<input type="checkbox"/> Single Occupancy - \$463.14 per adult	<input type="checkbox"/> Single Occupancy - \$684.71 per adult
<input type="checkbox"/> Double Occupancy - \$298.82 per adult	<input type="checkbox"/> Double Occupancy - \$438.23 per adult

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)

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

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 15, 2012. Regrettably, no refunds can be made for cancellations received on or after March 16, 2012.