

RESERVATION FORM
BCI 2000
May 29 – May 31, 2010
#5033MG



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 A GUESTROOM

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

MAIL the completed form to:
 Asilomar Conference Grounds
 P.O. Box 537
 800 Asilomar Blvd.
 Pacific Grove, CA 93950

TELEPHONE:
 Reservations will not be accepted over the phone, however if you have any questions you can call us at 831-642-4222 or email garcia-vivian@aramark.com

PERSONAL DETAILS

Please print clearly; Payment must accompany this reservation form.

Last Name _____ First Name _____ Participant Guest

Street Address _____ Apt/Suite/Unit _____

City _____ State _____ Zip _____ Country _____

Daytime Phone Number _____ 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 standard meals, applicable taxes (subject to change) and a one time Processing Fee of \$20*. Meals begin with dinner on arrival date and end with lunch on departure date. **Check-In at 3PM and Check-Out at NOON.**

Please note that after March 29th room availability may be limited due to room block/contract restrictions.
Need additional nights after the above dates? Please refer to the housing form for BCI Meeting 2010 <http://BCIMeeting.org/2010>

Please put a check mark on which type of room and occupancy you prefer:
The rates below are for a total of a 2-night stay. If you wish to stay for one of the nights only, please call Vivian at 831-642-4213

- | | |
|---|---|
| PARTICIPANTS: HISTORIC ROOM | STANDARD ROOM |
| <input type="checkbox"/> Private Room - \$335.52 per Adult | <input type="checkbox"/> Private Room - \$419.12 per Adult |
| <input type="checkbox"/> Shared Room (2 ppl) - \$233.32 per Adult | <input type="checkbox"/> Shared Room (2 ppl) - \$264.12 per Adult |
| | <input type="checkbox"/> Shared Room (3-4 ppl) - \$204.40 per Adult |

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: _____

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

NON-PARTICIPANTS ONLY: (guests must be sharing a room with the participant to qualify for the rates below)

- Adult - \$115.72 per person NAME(S): _____
- Youth (3-17 yrs.) - \$98.66 per person NAME(S): _____ AGE(S) _____
- Please check here if you are financially responsible for the name(s) listed above.

AMOUNT DUE Total Housing Fee: \$ _____ *(This is due and will be charged upon the receipt of your form.)*
The total amount due above may change if your requested occupancy or/and room type are unavailable at the time of your booking.

Credit Card Number (please print clearly)

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> American Express	<input type="checkbox"/> Discover Card	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Expiration Date:

Cardholder Name: _____ Cardholder Signature: _____

Check Payment: All checks are payable to **ARAMARK Sports & Entertainment LLC**

SPECIAL REQUEST(S)

- Vegetarian Vegan Medical Diet (see Chef on the arrival day) Disability Access _____