

TAUP 2013

Topics in Astroparticle and Underground Physics
September 8-13, 2013

RESERVATION DEADLINE: August 8, 2013



Asilomar Use Only
51A59U

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 Patricia Kauffman at 831-642-4218 or via email at Kauffman-Patricia@aramark.com Monday thru Friday from 8AM-4PM (PST)

Email completed form to:
AsilomarSales@aramark.com

PERSONAL DETAILS PLEASE PRINT CLEARLY

Last Name _____ First Name _____ Ms. Mr.

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.*

5-NIGHT STAY

Arrive: Sunday, September 8th (4PM) ~ Depart: Friday, September 13th (11AM)

Onsite housing at Asilomar Conference Grounds is offered on a first-come, first-serve basis.

All costs are per person and are inclusive of room, standard meals, applicable fees and taxes (subject to change).

Meals begin with dinner on the arrival date and end with lunch on departure date.

PARTICIPANTS ONLY

- Single Occupancy - \$1,177.65
- Double Occupancy - \$776.65 per adult

PARTICIPANTS WITH GUEST(S)

- Participant - \$1,177.65
- Adult Guest - \$375.65 per adult
- Youth Guest (3-12 years) - \$275.45 per youth

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: _____

All requested Roommate Reservation Form must be received within 5 days of each other to complete this reservation.

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

Additional night(s) may be added at the following rates and subject to availability:

Rates below are per room per night based on the number of guests in a room and are inclusive of tax and meals.

- 1 Adult-\$231.53 2 Adults-\$302.66 Youth (3-12 yrs. old)-\$91.69 per youth

Requested additional night(s): _____

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

CANCELLATION POLICY: A full refund, less a service charge of \$100 per person is given for cancellations received in writing (letter, fax or email) by July 8, 2013. Regrettably, no refunds can be made for cancellations received on or after July 9, 2013.

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