



HOUSING FORM NASA SOFIA Conference #5106L4

Sunday, June 6 – Wednesday, June 9, 2010
Three Nights, Full time participation only

Asilomar use only

One Form per person or family

ATTENDEE INFORMATION PLEASE PRINT

Last Name:

First Name:

Address:

City/State/ZIP:

Country:

Business Phone:

Home Phone:

Fax:

Email: (please print clearly in order to receive email confirmation)

Disability Access and/or special requirements:

CREDIT CARD PAYMENT INFORMATION

Fax completed form to 831-642-4262

<input type="checkbox"/> Visa <input style="width: 40px; height: 20px;" type="text"/>	<input type="checkbox"/> Master Card <input style="width: 40px; height: 20px;" type="text"/>	<input type="checkbox"/> Amex <input style="width: 40px; height: 20px;" type="text"/>	
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Expiration Date

Card Holder Signature

Asilomar will bill your credit card upon receipt and confirmation sent.

HOUSING INFORMATION

Guest rooms are assigned on first come, first served basis. Rates are per person. 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.

**** Telephone reservations will not be accepted**

<p>Standard Single Occupancy</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td>\$618.68 (Limited)</td> </tr> </table>		\$618.68 (Limited)	<p>Historic Single Occupancy</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td>\$493.28 (Limited)</td> </tr> </table>		\$493.28 (Limited)
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	\$386.18 per Person				
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<p>Youth (ages 3-17)</p> <table border="1" style="width: 60%; margin: auto; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td>\$251.21 per Youth</td> </tr> </table>			\$251.21 per Youth		
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Housing Form must be received 60 days prior to arrival date to assure reservations

I will share a room with:

*

Check here if you are **financially responsible** for the person named above that you are sharing with *

Please assign a roommate for me

I am Male I am Female

I am Vegetarian Medical Diet. See Chef on arrival day

CHECK PAYMENT INFORMATION

All checks payable to Asilomar Conference Grounds.

Mail this form with check to:

Asilomar Conference Grounds
P.O. Box 537
Pacific Grove, CA 93950
FAX 831-642-4262

GENERAL INFORMATION

- **Cancellations within 60 days prior to arrival date forfeit all fees.**
- **All cancellations are subject to a \$25 per person processing fee.**
- All rates are for full time conference participation. There is no discount for shorter stays.
- Housing rates are per person and include lodging, meals, meeting space rental, and all applicable taxes (*subject to change in accordance with State and Local taxes*). Meals begin with dinner on the first day and end with lunch on the last day.
- Check in 3pm. Check out 12noon.
- Purchase orders and telephone reservations will not be accepted.
- To preserve the refuge atmosphere at Asilomar, our Guest rooms are free from the distraction of televisions and telephones. There is a business center located next to the front desk.
- All Guest rooms and meeting rooms are non-smoking.
- For additional information, maps, and directions please visit our website at www.VisitAsilomar.com