

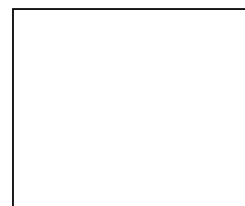


# HOUSING FORM

## U C D West Center for Ag Health #21R4U8

Sept. 20, 2006 – Sept. 22, 2006

**Two Night Minimum, Includes Meals**



ATTENDEE INFORMATION PLEASE PRINT
Last Name: _____
First Name: _____
Address: _____
City/State/ZIP: _____
Country: _____
Business Phone: _____
Home Phone: _____
Fax: _____
Email: _____
Disability Access Requirements: _____

HOUSING INFORMATION												
<p>Guest rooms are assigned on first come, first served basis. Rates are per person. <b>One form per person or family.</b> 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.</p> <p><b>Meals and applicable taxes included in rates: ** Telephone reservations will not be accepted</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Standard Single <b>2-nights</b></td> <td style="width: 50%;">Historic Single <b>2-nights</b></td> </tr> <tr> <td style="text-align: center;"> <input type="text"/> \$ 349.10         </td> <td style="text-align: center;"> <input type="text"/> \$ 287.50         </td> </tr> <tr> <td>Standard Double <b>2-nights</b></td> <td>Historic Double <b>2-nights</b></td> </tr> <tr> <td style="text-align: center;"> <input type="text"/> \$ 212.70 each         </td> <td style="text-align: center;"> <input type="text"/> \$ 190.70 each         </td> </tr> <tr> <td colspan="2" style="text-align: center;">Youth (ages 3-17)</td> </tr> <tr> <td colspan="2" style="text-align: center;"> <input type="text"/> \$ 119.38 each         </td> </tr> </table> <p>____ Check here for Post Stay Sept. 22, 2006          Standard Single = \$174.55    Historic Single = \$143.75          Standard Double = \$106.35    Historic Double = \$ 95.35</p> <p><input type="checkbox"/> I will share a room with: Check if Spouse ____</p> <hr/> <p><input type="checkbox"/> Please assign a roommate for me</p> <p><input type="checkbox"/> I am Male                      <input type="checkbox"/> I am Female</p> <p><input type="checkbox"/> I am Vegetarian                <input type="checkbox"/> Medical Diet. See Chef on arrival</p>	Standard Single <b>2-nights</b>	Historic Single <b>2-nights</b>	<input type="text"/> \$ 349.10	<input type="text"/> \$ 287.50	Standard Double <b>2-nights</b>	Historic Double <b>2-nights</b>	<input type="text"/> \$ 212.70 each	<input type="text"/> \$ 190.70 each	Youth (ages 3-17)		<input type="text"/> \$ 119.38 each	
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CREDIT CARD PAYMENT INFORMATION						
Fax completed form to 831-642-4262						
<table style="width: 100%;"> <tr> <td style="text-align: center;">____ Visa</td> <td style="text-align: center;">____ Master Card</td> <td style="text-align: center;">____ Amex</td> </tr> <tr> <td style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> </td> <td style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> </td> <td style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> </td> </tr> </table>	____ Visa	____ Master Card	____ Amex	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
____ Visa	____ Master Card	____ Amex				
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Expiration Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
_____ Card Holder Signature Asilomar will bill your credit card upon receipt and confirmation sent.						

CHECK PAYMENT INFORMATION
All checks payable to DNC P&R at Asilomar. 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. 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 see our website VisitAsilomar.com