

REGISTRATION FORM
Innov Data System Rsch
CIDR
January 4 - 7, 2009
#2259J5



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 REGISTER

Fax completed form to: 831-642-4261
 with credit card information

Mail the completed form to:
 Asilomar Conference Grounds
 P.O. Box 537
 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 or email Karen Grimshaw at
 831-642-4272 or kgrimsha@dncinc.com

PERSONAL DETAILS

Please print clearly; Payment must accompany this registration form.

First Name _____ Last Name _____ Mr. ___ Ms. ___
 Street Address _____ Apt/Suite/Unit _____
 City _____ State _____ Zip _____ Country _____
 Phone _____ Fax _____ 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 below are per person for 3 nights and inclusive of all standard/premium meals, CIDR fees and applicable taxes. Meals begin with dinner on the first night and end with lunch on the last day. Check-In at 3PM and Check-Out at NOON.

Additional nights before or after the above dates can be added based on our availability at the time of your booking at the rate of \$168(tax inclusive) per night double occupancy, bed & breakfast.

_____ *please indicate here the date you would like to add and an Asilomar Representative will contact you for the availability.*

Arrival Date: January 4, 2009 (Sunday) Departure Date: January 7, 2009 (Wednesday) Number of Nights: 3

Please number choices in order of your occupancy and room type preference:

_____ Single Occupancy / \$845.00 total per person _____ Spouse / \$455.00 total per person _____ Historic Room
 _____ Double Occupancy / \$650.00 total per person _____ Standard Room
 _____ Offsite Attendee / \$600.00 total per person

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:

Name 1: _____ Name 2: _____

AMOUNT DUE

The total amount below is due and will be charged upon the receipt of your form.

Single Occupancy: \$ _____
 Spouse: \$ _____
 Double Occupancy: \$ _____
 Offsite: \$ _____
 Total Amount Due: \$ _____

Credit Card Payment _____ Exp: _____ (please print clearly)

Check Payment: All checks are payable to **DNC P&R at Asilomar** Cardholder Signature: _____

SPECIAL REQUEST(S)

Vegetarian: _____ Vegan: _____ Medical Diet (see Chef on the arrival day): _____

Disability Access and/or special requirements: _____

Cancellations made by **November 3, 2009** are subject to a **\$50 cancellation fee. No refunds** for any cancellations made **after November 3, 2009**. To preserve the refuge atmosphere at Asilomar, our Guest Rooms are free from the distraction of televisions and telephones. All Guest Rooms and Meeting Rooms are non-smoking. A complimentary Wi-Fi is available at our Main Lobby only.