



HOUSING FORM 22L50Y

American Medical Writers Assn.
Sunday, April 18 – Wednesday, April 21, 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: _____

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**

Standard Single Occupancy	Standard Double Occupancy
<input type="text"/> \$618.68 (Limited)	<input type="text"/> \$386.18 each
Youth (ages 3-17)	
<input type="text"/> \$251.69 each	

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

CREDIT CARD PAYMENT INFORMATION

Fax completed form to 831-642-4262

___ 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"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Expiration Date

Card Holder Signature

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

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