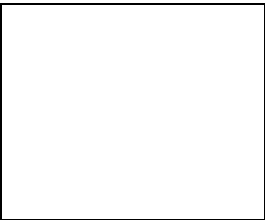




HOUSING FORM
Univ Consortium UCGIS #635249
#1 June 15-June 20, 2003 (5 Nights)
#2 June 16-June 19, 2003 (3 Nights)



ATTENDEE INFORMATION

Last Name: _____

First Name: _____

Address: _____

City/State/ZIP: _____

Country: _____

Business Phone: _____

Home Phone: _____

Fax: _____

Email: _____

Disability Access Requirements: _____

HOUSING INFORMATION

Guest rooms are assigned on first come, first served basis.
 Rates are per person. One form per person or family.
 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.

#1 (SEE ABOVE DATES) #2

<p>Historic 1 Adult (single)</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td style="width: 20px;"> </td><td>\$ Not Available</td></tr> </table> <p>Historic 2 Adults (double)</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td style="width: 20px;"> </td><td>\$ 462.35</td></tr> </table> <p>Standard 1 Adult (single)</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td style="width: 20px;"> </td><td>\$ 850.55</td></tr> </table> <p>Standard 2 Adults (double)</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td style="width: 20px;"> </td><td>\$ 519.00</td></tr> </table>		\$ Not Available		\$ 462.35		\$ 850.55		\$ 519.00	<p>Standard 1 Adult (single)</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td style="width: 20px;"> </td><td>\$ 516.93</td></tr> </table> <p>Standard 2 Adults (double)</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td style="width: 20px;"> </td><td>\$ 318.00</td></tr> </table>		\$ 516.93		\$ 318.00
	\$ Not Available												
	\$ 462.35												
	\$ 850.55												
	\$ 519.00												
	\$ 516.93												
	\$ 318.00												

I will share a room with:

Please assign a roommate for me

I am Male I am Female

I am Vegetarian Medical Diet. See Chef on arrival

CREDIT CARD PAYMENT INFORMATION
 Fax completed form to 831-642-4262

Visa Master Card Amex

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Expiration Date

 /

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

CHECK PAYMENT INFORMATION

All checks payable to DNPS at Asilomar.
 Mail this form with check to:
 Asilomar Conference Grounds
 ATTN: In-House Registration
 P.O. Box 537
 Pacific Grove, CA 93950

GENERAL INFORMATION

- Cancellations within 60 days prior to arrival date forfeit all deposit.
- 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.
- 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 see our website VisitAsilomar.com