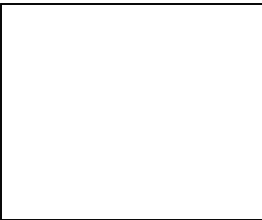




HOUSING FORM

Cytometry Dev Workshop #2238SS

November 06, 2007 – November 09, 2007
Three Nights, Full time participation only



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 Requirements or special request:

HOUSING INFORMATION								
<p>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.</p> <p>Meals and applicable taxes included in rates: ** Telephone reservations will not be accepted</p> <table style="width: 100%; text-align: center;"> <tr> <td>Standard Single</td> <td>Standard Double</td> </tr> <tr> <td><input type="text" value="\$ 557.37(Limited)"/></td> <td><input type="text" value="\$345.36 each"/></td> </tr> <tr> <td colspan="2">Youth (ages 3-17)</td> </tr> <tr> <td colspan="2"><input type="text" value="\$ 201.57 each"/></td> </tr> </table> <p>Housing Form must be received 60 days prior to arrival date to assure reservations</p> <p><input type="checkbox"/> I will share a room with:</p> <hr/> <p>The person named above is my spouse. Yes <input type="radio"/> No <input type="radio"/></p> <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 day</p>	Standard Single	Standard Double	<input type="text" value="\$ 557.37(Limited)"/>	<input type="text" value="\$345.36 each"/>	Youth (ages 3-17)		<input type="text" value="\$ 201.57 each"/>	
Standard Single	Standard Double							
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Youth (ages 3-17)								
<input type="text" value="\$ 201.57 each"/>								

CREDIT CARD PAYMENT INFORMATION						
Fax completed form to 831-642-4262						
<table style="width: 100%; text-align: center;"> <tr> <td>____ Visa</td> <td>____ Master Card</td> <td>____ Amex</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	____ Visa	____ Master Card	____ Amex	<input type="text"/>	<input type="text"/>	<input type="text"/>
____ Visa	____ Master Card	____ Amex				
<input type="text"/>	<input type="text"/>	<input type="text"/>				
Expiration Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
<hr/> Card Holder Signature Asilomar will bill your credit card upon receipt and confirmation sent.						

CHECK PAYMENT INFORMATION
<p>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</p>

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