

REGISTRATION FORM
West Coast Number Theory
December 16 – 20, 2009
#22C991



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 the Group Sales Office at
 831-642-4222 or email vgarcia@dncinc.com

PERSONAL DETAILS

Please print clearly; Payment must accompany this registration form.

Last Name _____ First 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 are per person and inclusive of all standard meals and applicable taxes (subject to change) plus a one time \$20 Processing Fee. Meals begin with dinner on arrival date and ends with lunch on departure date. Check-In at 3PM and Check-Out at NOON. **Please note that after October 16th room availability may be limited.**

Additional nights before December 16th or after December 19th can be added at our Best Available Rate based on our availability at the time of booking. Please indicate here the night(s) you would like to add and an Asilomar Representative will notify you of the availability and rates:

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. Rates below are **per person** for a total of 4 nights.

HISTORIC ROOM

Single Occupancy - \$651.24 each Double Occupancy - \$446.84 each

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

Please check here if you are financially responsible for the person named above that you are sharing a room with.

AMOUNT DUE

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

Visa MasterCard
 American Express Discover Card

Credit Card Number (please print clearly)

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Expiration Date:

Cardholder Name: _____ Cardholder Signature: _____

Check Payment: All checks are payable to **Asilomar Conference Grounds**

SPECIAL REQUEST(S)

Vegetarian Vegan Medical Diet (see Chef on the arrival day) Other _____
 Disability Access and/or special requests: _____

Cancellations made by **October 16, 2010** are subject to a **\$50 cancellation fee**. **No refunds** for any cancellations made after **October 16, 2010**. For additional information, maps and directions please visit our website at www.VisitAsilomar.com