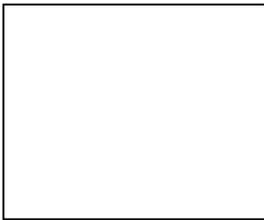




*Council of Geographic Names Authorities
Registration for Lodging at Asilomar*

Option #1 Sept 30 – Oct 5, 2003 (5 Nights)
Option #2 Sept 30 – Oct 3, 2003 (3 Nights)
 #569527



ATTENDEE INFORMATION

Last Name: _____

First Name: _____

Address: _____

City/State/ZIP: _____

Country: _____

Business Phone: _____

Home Phone: _____

Fax: _____

Email: _____

Disability Access Requirements: _____

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.

LODGING INFORMATION

Guest rooms are assigned on first come, first served basis.
 Rates are per person & include all meals.
One form per person or family
 If your choice is not available you will be assigned based on
 availability and the appropriate charge will apply.

Option #1 (5 Nights: Sept. 30-Oct. 5)	Option #2 (3 Nights: Sept. 30-Oct. 3)				
Standard 1 Adult (single) <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:20px;"> </td><td style="text-align: center;">\$ 850.55</td></tr> </table>		\$ 850.55	Standard 1 Adult (single) <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:20px;"> </td><td style="text-align: center;">\$ 516.93</td></tr> </table>		\$ 516.93
	\$ 850.55				
	\$ 516.93				
Standard 2 Adults (double) <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:20px;"> </td><td style="text-align: center;">\$ 519.00</td></tr> </table>		\$ 519.00	Standard 2 Adults (double) <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:20px;"> </td><td style="text-align: center;">\$ 318.00</td></tr> </table>		\$ 318.00
	\$ 519.00				
	\$ 318.00				

If you wish to bring a guest, the rates will be:

	Yours	Guest		Yours	Guest
	\$850.55	\$187.45		\$516.93	\$119.07

I will share a room with:

Please assign a roommate for me

<input type="checkbox"/> I am Male	<input type="checkbox"/> I am Vegetarian
<input type="checkbox"/> I am Female	<input type="checkbox"/> Medical diet, see Chef on arrival

CHECK PAYMENT INFORMATION

Please make lodging checks payable to:
 "DNPS at Asilomar"
 Mail this form with check to:
 Asilomar Conference Grounds
 Box 537
 Pacific Grove, CA 93950

Important -- Please Read

- Cancellations within 60 days prior to arrival date forfeit all fees.
- All cancellations are subject to a \$25 per person processing fee.
- 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. Please use this form for Lodging and Payment.
- 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 www.visitasilomar.com.