



**HOUSING FORM**  
**Soc Behavioral Neuroendocrinology**  
**#21W7KU**  
 June 20, 2007 – June 25, 2007



**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**

- Rates are per person/per night and do not include the \$17.50 per person registration service fee
- One form per person or family
- Meals and applicable taxes included in rates
- Telephone reservations will not be accepted
- Guest rooms are assigned on a first come, first served basis
- Students *must* choose Trpl/Quad

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.

\_\_\_ Sgl: 167.37 \_\_\_ Dbl: 103.79 \_\_\_ Trpl/Quad: 80.10 \_\_\_ Yth (3-17): 59.69  
 \_\_\_ Cottage 404.30 (up to 4 people – full-time participation only)

**Please indicate dates of your stay below:**  
*If you require lodging for Monday, please call Deer Haven Inn at 800-935-9960*

W 6/20	Th 6/21	F 6/22	S 6/23	Su 6/24
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_ Nts. x \$ \_\_\_\_\_ (rate / night) + \$17.50 (reg. svc. fee) = \$ \_\_\_\_\_

I will share a room with: \_\_\_\_\_  Check if Spouse

\_\_\_\_\_

\_\_\_\_\_

Please assign a roommate for me

I am Male       I am Female

I am a Vegetarian       Medical Diet (See Chef upon arrival)

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

\_\_\_ Visa      \_\_\_ Master Card      \_\_\_ Amex

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Expiration Date    

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

**CHECK PAYMENT INFORMATION**

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  
 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.
- Full time conference participation is encouraged. Extended stays based upon availability.
- 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.