



StanCon 2018
January 9-12

Offsite Participants Only



Asilomar Use Only
5 1 Y 0 P R

One Form per Person

800 Asilomar Avenue | Pacific Grove, CA 93950 | Phone: 831.642.4219 | Fax: 831.642.4262 | www.VisitAsilomar.com

***** RESERVATION DEADLINE: December 9, 2017 *****

WAYS TO REGISTER AND/OR PURCHASE MEALS FOR THE CONFERENCE:

Fax completed form: 831.642.4262 Email completed form: AsilomarSales@aramark.com

Last Name _____ First Name _____

Billing Address _____

City _____ State _____ Zip Code _____ Country _____

Phone Number _____ E-Mail Address _____

Please put a check mark on your choices and total below. All costs are per person and inclusive of applicable fees and taxes.					
Day	Breakfast \$19.81	Lunch \$25.64	Dinner \$39.87	Facility Fee	Total (Add Meals & Facility Fee)
Tuesday, January 9th	N/A	N/A		\$12	\$
Wednesday, January 10 th				\$12	\$
Thursday, January 11 th				\$12	\$
Friday, January 12 th			N/A	\$12	\$
Total Food & Facility Fee:					\$
<input type="checkbox"/> Student \$150 <input type="checkbox"/> Academic \$250 <input type="checkbox"/> Industry \$350 After November 10, 2017 <input type="checkbox"/> Student \$225 <input type="checkbox"/> Academic \$375 <input type="checkbox"/> Industry \$525 Underrepresented Community <input type="checkbox"/> Student \$100 <input type="checkbox"/> Academic \$200 <input type="checkbox"/> Industry \$300 After November 10, 2017 <input type="checkbox"/> Student \$150 <input type="checkbox"/> Academic \$300 <input type="checkbox"/> Industry \$450					Registration Fee: \$
TOTAL DUE (will be charged upon receipt):					\$

CANCELLATION POLICY

A full refund, less a service fee of \$20 per person is given for cancellations received by 5PM on December 9, 2017. Regrettably, no refunds can be made for cancellations received on or after December 10, 2017.

PAYMENT

I authorize Asilomar Conference Grounds to charge the credit card provided below for the amount due above upon receipt.

(Credit Card Number (please print clearly))

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Expiration Date:

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- Visa MasterCard
 American Express Discover Card

Cardholder Name (If different from above)

Cardholder Signature