

2009 ASILOMAR CONFERENCE — FACULTY REGISTRATION FORM

Please type or print LEGIBLY!

Dental License # _____/State _____

Name: _____

Department: _____

Spouse Guest Name: _____

Child(ren) Attending: _____ Age(s) in Feb: _____

_____ Age(s) in Feb: _____

OR

Preferred faculty roommate: _____

We have a limited number of rooms and generally MUST DOUBLE UP single faculty members.

Vegetarian meals required. For how many persons? _____

Disability _____

State law requires that Asilomar be informed of any individuals with special access requirements.

I/We will require on-grounds accommodation.

I/We will stay off-grounds.

FEES:

FACULTY SHARE WITH FACULTY (\$143+\$143) \$ _____

FACULTY - NO ROOMMATES (\$297) \$ _____

FACULTY SHARE WITH GUEST (\$143+\$243) \$ _____

EACH CHILD (\$80) (in the same room, age 3-17) \$ _____ Total Amount: _____

COSTS INCLUDES 6 MEALS, 2 NIGHTS ACCOMMODATION AND C.E. CREDITS

A check in the amount of \$ _____ is enclosed. (Payable to: University of the Pacific)

Please charge my Visa / MasterCard (please circle) for \$ _____

Card number: _____ Exp. Date: _____ V-code: _____

Cardholder's name: _____

Signature: _____

PLEASE RSVP BEFORE NOVEMBER 7, 2008

REFUNDS will be issued in accordance with the penalties imposed upon us by Asilomar.

Please return this form and your payment to the Dean's Office ASAP