

2009 ASILOMAR CONFERENCE RESERVATION FORM

Please type or print LEGIBLY! Dental License # _____ State _____

Name: _____ Class of 2004

Street address: _____

City _____ State _____ Zip _____

Day phone number: (____) _____ Home Office

E-mail: _____

Spouse Guest name: _____

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

_____ Age(s) in Feb: _____

Vegetarian meals required. For how many persons? _____

Disability _____

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

FEES: Single: \$397 • Couple: \$485 • Child (3-17): \$80/child (in room w/parents)

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

If you do not need housing at Asilomar, you may pay \$90 to attend the C.E. portions of the program and receive the C.E. credits. If you wish to join your colleagues and classmates for a meal on grounds, you will need to purchase your meals at the Asilomar dining hall.

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 December 5, 2008

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

RSVP right away. We are allotted a limited number of rooms at Asilomar, which we will fill on a first-come, first-served basis.

Please return this form and your payment in the enclosed envelope to the Dean's Office
University of the Pacific, Arthur A. Dugoni School of Dentistry, 2155 Webster Street
San Francisco, CA 94115.

Any questions please call Michelle Rosaschi at 415-351-7185

Fax 415-929-6419

