



RESERVATION REQUEST FORM
Carolinias Virginia Telephone-Fall Meeting

Note: GROUP RUN-OF-HOUSE RATES HAVE BEEN NEGOTIATED. HOWEVER, WE CANNOT GUARANTEE BED-TYPE, SLEEPING ROOM LOCATION, SMOKING/NONSMOKING OR VIEW.

Conference Dates **Wed, 10/25/06 - Sat, 10/28/06** Rates:

Single	<u>\$213.00</u>
Double	<u>\$213.00</u>
Extra Person	\$ 40.00

Inquire about the Club Floor rate

**All Rates European Plan, no meals included. Subject to state and local taxes.
Please Type or Print all information neatly**

Name: _____

Address: _____ Phone No. (____) _____

City: _____ State: _____ Zip: _____

Email address: _____

Please reserve: # of rooms _____ # of adults _____ # of children under 16 _____

Arrival Date: _____ Departure Date: _____

RELEASE DATE FOR THE GROUP BLOCK: Friday, September 15, 2006

Reservations requests received by The Grove Park Inn Resort & Spa after this date are subject to Resort guest availability at prevailing rates. Reservation requests are subject to contracted block availability prior to release date.

DEPOSIT – CONFIRMATION

A deposit equal to one night’s sleeping room rate by a major credit card (listed below) or a check is required to confirm your reservation. You should receive a written or email confirmation within 2 weeks. If you do not receive confirmation please call 1 800- 438-5800.

Reservations cancelled less than 7 (seven) days prior to arrival date will be charged a fee equal to the first night’s room rate.

CHECK-IN/CHECK-OUT

Our check-in time is after 4 p.m. and our check-out time is before 11:00 a.m.

Visa/MasterCard/Discover/Am Express #: _____ Exp Date: _____

Signature

Date

Credit Card ID#

PLEASE READ CAREFULLY and send this completed form along with deposit or credit card number per room to:

**The Grove Park Inn Resort & Spa
Reservations Department
290 Macon Avenue
Asheville, NC 28804
(828) 252-2711 Ext. 1010 or 1-800-438-5800
Fax Number (828) 210-8314**

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