



**RESERVATION REQUEST FORM
 Carolinas Virginia Telephone-Fall Mtg**

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

Conference Dates	Mon, 10/22/07 - Fri, 10/26/07	Rates:	Single	\$223.00
			Double	\$223.00
			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 14, 2007

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**