



Appalachian Society of American Foresters Annual Meeting
January 24-26/2007
RESERVATION FORM

We look forward to welcoming you to Pinehurst! Please take a moment to fill out this reservation form to ensure your accommodations for your upcoming visit.

Pinehurst requires that your reservation request form be completed and returned on or before **Friday, December 22, 2006**. Reservation forms received after this date will be processed on a "space-available basis". Pinehurst Resort consists of a variety of lodging accommodations including the Carolina, Villas, Holly Inn, The Manor, and Condominiums. THE RESORT WILL MAKE EVERY EFFORT TO HONOR SPECIFIC ROOM REQUESTS. If your request is not available, the best substitution will be made.

DAILY RATES: European Plan (EP) LOCATION: Resort Wide

(Please Check Desired Occupancy)

SINGLE OCCUPANCY: _____ **\$110.00**
 (One guest per room)

DOUBLE OCCUPANCY: _____ **\$55.00**
 (Two guests per room)

Rates are per guest, per night and include lodging only

ROOM PREFERENCE (based on availability) _____ Non-smoking _____ Smoking

Arrival Date _____ Departure Date _____

Check-In Time: 4:00 PM - Check-Out Time: 12:00 NOON

RESORT SERVICE FEE & STATE SALES TAX: Rates are subject to 10% resort service fee, 7% state sales tax and 3% occupancy tax on room portion only. Covered in the Resort Service Fee are the following amenities and services: unlimited use of the Fitness Center, Tennis Courts, Bicycles, Practice Putting Greens, Pitching Areas, Driving Range, Afternoon Tea in the Carolina, On-call Transportation.

DEPOSIT AND CANCELLATION POLICY: A deposit representing one night's rate per person is charged at the time the reservation is made. Pinehurst must receive notice of any cancellation at least 30 days prior to date of arrival in order to refund a deposit. The cancellation deadline is **Friday, December 22, 2006**.

Please complete and fax or mail with deposit to:
FAX: 910-235-8240

GROUP RESERVATIONS
PINEHURST
PO BOX 4000
PINEHURST, NC 28374-4000

ROOMS TO BE OCCUPIED BY: (Type or Print) (ALL GUESTS WILL BE CHARGED A ONE-NIGHT ROOM DEPOSIT)

 Name Address City State Zip
 Home Phone (____) Business Phone (____) E-Mail _____

 Name Address City State Zip
 Home Phone (____) Business Phone (____) E-Mail _____

CREDIT CARD INFORMATION FOR ROOM DEPOSIT(S):

Credit Card Name & Number _____ **EXP** / _____
 Card Holder Name _____

Credit Card Holder Authorized Signature: _____

*****ASSOCIATE MEMBERS***** Please complete so we may recognize all of our Associate Members.

CLUB AFFILIATION: _____ MEMBER NO: _____