



Reservations Request Form for
So Assn of Student Financial Aid Administrators

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

Table with 4 columns: Conference Dates, Rates, Single, Double, Extra Person, Club Floor. Values include Thu, 12/09/04 - Mon, 12/13/04, \$139.00, \$139.00, \$40.00, and \$ Rack.

*All Rates European Plan, no meals included. Subject to state and local taxes.

Name: _____
(Please Type or Print Neatly)

Address: _____ Phone No. (____) _____

City: _____ State: _____ Zip: _____

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

Arrival Date: _____ Departure Date: _____

RELEASE DATE FOR THE GROUP BLOCK: Saturday, October 30, 2004

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 or a major credit card (listed below) is required to confirm your reservation. 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/American Express #: _____ Exp. Date: _____

Signature

Date

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