## School Nutrition Association of North Carolina 2020 SNA-NC Conference Booking ID # 77776 February 9, 2020 – February 12, 2020



We look forward to welcoming you to Pinehurst! Reservations will be accepted until January 10, 2020 or until the group block is full, whichever comes first. Pinehurst consists of a variety of accommodations including the Carolina, Villas, Holly Inn, The Manor Inn 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 LOCATION: CAROLINA

\*Should the number of group room reservations exceed what has been contracted for the Carolina, Pinehurst may need to place the additional reservations requests in other lodging accommodations within the Resort

**GROUP RATE:** Please indicate the number of adults in the room Single or Double Occupancy: \_\_\_\_\_\$149.00 per room, per night Rates are per room, per night and include your accommodations and Resort Service Fee only.

Arrival Date \_\_\_\_\_ Check-In Time: 4:00 PM Departure Date \_\_\_\_\_ Check-Out Time: 12:00 NOON

STATE SALES TAX: State sales tax of 7% and occupancy tax of 3% are additional.

**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 <u>30 days</u> prior to date of arrival in order to refund a deposit.

Reserv	ations may be made via email, phone, <sup>.</sup>	fax, or mail:			
Email:	Group.Reservations@pinehurst.com	Toll-Free:	(844) 213-8999	Fax:	(910) 235-8240

Checks should be made payable to Pinehurst LLC and mailed to: Pinehurst Resort (ATTN: Accounting) P 0 Box 4000, Pinehurst NC 28374 - 4000

## ROOMS TO BE OCCUPIED BY: (Type or Print all names)

Name	Address	City	State	Zip
Cell Phone ()	Business Phone ()	E-Mail		
SHARING ROOM WITH:				
Name	Address	City	State	Zip
Cell Phone ()	Business Phone ()	E-Mail		
CREDIT CARD INFORMATI	ON TO GUARANTEE RESERVATION:			
Credit Card Number		Expiration Date/	Security C	ode
Card Holder Name				
	gnature: nurst Resort permission to charge a de	posit and/or balance to the cre	dit card numbe	er provide
Is the Credit Card for both	Guests? Yes or No (Please Circle)			
Will the Guest have the cr	edit card with them at check-in? Yes	or No (Please Circle)		
	payment? Yes or No (Please Circle) charged to this card? Yes or No (Plea			