

**NC Association of Supervision & Curriculum Development**  
**NCASCD 2018 Program Booking ID #63677**  
**Tuesday, February 6 – Friday, February 9, 2018**



We look forward to welcoming you to Pinehurst! Reservations will be accepted until Cut-off Date 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: Modified American Plan LOCATION: Carolina/Holly Inn**

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

**GROUP RATES**

(Please Check Desired Occupancy)

Single Occupancy: \_\_\_\_\_ \$199.00 per person per night  
 (\$237.40 Inclusive of Resort Service Fee and Taxes)  
 (One person per room)

Double Occupancy: \_\_\_\_\_ \$160.00 per person per night  
 (\$190.32 Inclusive of Resort Service Fee and Taxes)  
 (Two or more people per room)

Rates are per person, per night and include your accommodations and breakfast and dinner.

Arrival Date \_\_\_\_\_

Departure Date \_\_\_\_\_

Check-In Time: 4:00 PM

Check-Out Time: 12:00 NOON

**RESORT SERVICE FEE & STATE SALES TAX:** A 10% resort service fee will be added to your account. State sales tax of 6.75% 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 30 days prior to date of arrival in order to refund a deposit.

**Please complete and fax or mail with deposit to:**

**FAX: 910-235-8240**  
**PHONE: -855-296-5937**

**PINEHURST RESORT: ATTN GROUP RESERVATIONS**  
**PO BOX 4000**  
**VILLAGE OF 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 INFORMATION TO GUARANTEE RESERVATION:**

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_ Security Code \_\_\_\_\_

Card Holder Name \_\_\_\_\_

Card Holder Authorized Signature: \_\_\_\_\_

*This signature gives Pinehurst Resort permission to charge a deposit and/or balance to the credit card number provided*

Is the Credit Card for both Guests? Yes or No (Please Circle)

Will the Guest have the credit card with them at check-in? Yes or No (Please Circle)

Is the Credit Card for final payment? Yes or No (Please Circle)

If Yes, will Incidentals be charged to this card? Yes or No (Please Circle)