Plant Food Assn of North Carolina
2019 Winter Meeting Booking ID # 78208
Tuesday, January 8 – Wednesday, January 9, 2018

We look forward to welcoming you to Pinehurst! Reservations will be accepted until Thursday, December 20, 2018 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: Bed & Breakfast Plan LOCATION: Carolina Specific*
*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 RATES
(Please Check Desired Occupancy)

Single Occupancy: _____$117.00 per room per night
(One person per room)

Double Occupancy: _____$84.00 per person per night
(Two or more people per room)

Rates are per person, per night and include your accommodations and breakfast only

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: 855-285-7961

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)