

North Carolina Dermatology Association
2019 NCDA Annual Meeting Booking ID #71061
Thursday, January 10th – Sunday, January 13th, 2019



We look forward to welcoming you to Pinehurst! Reservations will be accepted until Tuesday, December 11, 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: European Plan LOCATION: Carolina Specific

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

GROUP RATES: Single or Double Occupancy

Please indicate the number of adults in the room: _____ \$179.00 per room, per night
Rates are per room, per night and include your accommodations 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.

Reservations may be made via email, phone, fax, or mail:

Email: **Group.Reservations@pinehurst.com** **PINEHURST RESORT: ATTN GROUP RESERVATIONS**
Toll-Free: **(877) 615-0407** **PO BOX 4000**
Fax: **(910) 235-8240** **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)
If No, Is the Credit Card for final payment? Yes or No (Please Circle)
Will Incidentals be charged to this card? Yes or No (Please Circle)