

North Carolina Local Government Investment Association
2019 Winter Meeting Booking ID # 64768
Sunday, February 3 – Tuesday, February 5, 2019



We look forward to welcoming you to Pinehurst! Reservations will be accepted until January 4th 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 Accommodations*

*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 Hotel**.

GROUP RATES - (Please Check Desired Occupancy)

Single Occupancy: _____ \$169.00 per person per night
 (One person per room)

Double Occupancy: _____ \$109.00 per person per night
 (Two or more people per room)

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

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
 Toll-Free: (800) 487-4653
 Fax: (910) 235-8240

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)

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)