

North Carolina Society of Radiologic Technologies Inc.

NCSRT Inc. Booking ID # 80883

Monday, March 16<sup>th</sup> – Tuesday, March 18<sup>th</sup>, 2020



We look forward to welcoming you to Pinehurst! Reservations will be accepted until February 14<sup>th</sup> 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.

**DAILY RATES: European Plan LOCATION: RESORT WIDE Accommodations\***

The resort will make every effort to honor specific room requests. If your request is not available, the best substitution will be made.

**GROUP RATE: Single or Double Occupancy**

Please indicate the number of adults in the room: \_\_\_\_\_ \$129.00 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 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 **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: (888) 615-6287 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)