North Carolina Airports Association
NCAA 40th Annual Conference Booking ID #57583
Saturday, March 16- Tuesday, March 19, 2019

We look forward to welcoming you to Pinehurst! Reservations will be accepted until February, 14, 2019 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 Hotel, Holly Inn, Manor Inn
*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 specific buildings.

GROUP RATES: Single or Double Occupancy

Please indicate the number of adults in the room:
Carolina Hotel _____$178.00 per room, per night
Holly Inn_____$157.00 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:	**(844) 207-9195**	**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)