

**Campbell University**  
**2021 Trust Advisors Forum Booking ID # 76529**  
**Friday, February 19<sup>th</sup> – Wednesday, February 24<sup>th</sup>, 2021**



We look forward to welcoming you to Pinehurst! Reservations will be accepted until January 20<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. 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, OR VILLA 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, Holly Inn, and Villas**.

**GROUP RATES – (Please Check Desired Occupancy)**

Please indicate the number of adults in the room: \_\_\_\_\_ \$192.00 per room, per night

Rates are per room, per night and include your accommodations.

Arrival Date \_\_\_\_\_  
 Check-In Time: 4:00 PM

Departure Date \_\_\_\_\_  
 Check-Out Time: 10:00 AM

**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**  
 Toll-Free: **(855) 295-9940**  
 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)