

HOUSING FORM

PACIFIC BEACH HOTEL

Attn: Reservations / 2490 Kalakaua Avenue / Honolulu, HI 96815
Toll Free: (800) 367-6060 | Telephone: (808) 923-4511
Facsimile: (808) 922-8061 | E-Mail: reservation@pacificbeachhotel.com

Program Name: WORLD DEAF SURFING COMPETITION

Group Code: #C905566

Program Dates: July 7 – 14, 2009

Please use this form to mail or fax in reservations to the mailing address and fax number notated above, to guarantee rate and block room space. **One form per room.**

Reservation requests must be received by **May 22, 2009** or be subject to hotel availability.

Primary Name: _____
(Last) (First) (M.I.)

Address: _____

(City) (State) (Zip) (Country)

Daytime Phone: _____ Facsimile: _____

Arrival: _____ Time: _____ ampm / Departure: _____ Time: _____ ampm
Hotel check-in time is 3:00 p.m. Check out time is 11:00am.

Sharing With: _____ / _____ / _____
(Last) (First, M.I.) / (Last) (First, M.I.) / (Last) (First, M.I.)

*Bed Type Request: 1 King Bed 2 Double beds *Other Requests: _____
*Special requests are not guaranteed and are subject to hotel availability

Room Rate: **\$129.00** per night, per room for **Run of House** accommodations.
Applicable for single to quadruple occupancy (1-4 persons).

ROOM RATE INCLUDES:

- Complimentary daily parking for one car per room (normally \$15 per day)
- Daily 2 for 1 meal coupon, one coupon issued per night's stay. Please select coupon below:

2 for 1 Breakfast Coupon at Neptune's Garden Restaurant

2 for 1 Dinner Coupon at Oceanarium Restaurant

Rollaway Bed Charge: \$40.00 plus tax per night **Taxes:** 11.96%per night subject to change

Guarantee: A one night's room rate deposit is required within 10 days of confirmation to guarantee hotel reservation. Credit cards will be charged with one night's room rate plus tax upon receipt of Housing Form. PLEASE CHOOSE ONE OF THE FOLLOWING PAYMENT METHODS:

Check (Please make check or money order payable to **Koa Management**)

Credit Card (Complete the information below)

Visa

MasterCard

Amex

Discover

Carte Blanche

Diners Club

Japan Credit Bureau

Credit Card Holder (print) : _____

Card Number: _____ Expiration Date: _____

Signature: _____ **CCV/CID Code: _____

****CREDIT CARD VERIFICATION NUMBER (CCV/CID):**

For security purposes, when paying with a credit card please provide us with the verification number that appears on your card. For Discover, Visa and MasterCard it is the last three digits that appear on the signature panel on the backside of the card. For American Express, it is a four digit, non-embossed number that appears right above your account number on the face of the card.

Cancellation Policy: Deposit will be forfeited if cancellation is not received 72 hours prior to confirmed arrival date.