



11th BWA State Membership Conference
Hotel Reservations Form
Conference Dates: May 15-16, 2010
Honolulu, Hawaii

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|---|---|
| Run of City/Mountain – Single/Double Occupancy | Run of City/Mountain – Triple/Quad Occupancy |
| *\$179+tax/nt (\$202.20/nt - All taxes included) | *224+tax/nt (\$253.03/nt – All taxes included) |

**Room rates are subject to the current 12.962% Hawaii State and room tax.*

No additional charge for children 17 years and younger using existing bedding and sharing the same room with parents. Rates are non-commissionable. Room rates quoted will be honored three days before and three days after the main group dates, based on availability, to accommodate pre and post stays.

In the event that a guest who has reserved a guest room checks out prior to the guest's reserved checkout date, an early departure fee of one half of one night's room rate will be charged to the guest's individual account. Guests wishing to avoid this fee must advise the Hotel at or before check-in of any change in the scheduled length of stay.

Reservation forms must be received by the hotel no later than **APRIL 14, 2010**. Reservations received after April 14, 2010 are subject to room availability. A one nights deposit by US check/money order or credit card guarantee must accompany the reservation to guarantee a room. Mail Reservation Forms to The Reservations Center, 2255 Kalakaua Ave., 38th Flr., Honolulu, HI 96815. Reservations can also be made by calling 921-4611 locally, toll free 1-800-792-9488 or Fax your Reservation Form to 808-921-4697. Specify the group name "11th State Membership Conference" when making your reservation by phone. Deposit will be refunded if reservations are cancelled and notice received by the hotel SEVENTY-TWO hours prior to arrival date.

11th BWA State Membership Conference
RESERVATION FORM
Conference Dates: May 15-16, 2010
PLEASE PRINT OR TYPE:

Name: _____ Phone: (____) _____ Fax: (____) _____

Address: _____ Email: _____

City: _____ State _____ Country _____ Zip Code: _____

Room Category: _____ Room Rate: _____ # of persons : _____

Arrival Date: _____ Time & Flt: _____ Departure Date: _____ Time & Flt _____

Bedding Preference (circle one): king-size bed two double beds

SPECIAL REQUESTS: _____

CREDIT CARD GUARANTEE

Circle one: American Express / Carte Blanche / Diners Club / Mastercard / VISA / Discovers Card

Account no: _____ Expiration date _____

Name on Card _____ Signature: _____

If paying by check, please make checks payable to the SHERATON WAIKIKI HOTEL. After this form has been submitted, please notify The Reservations Center with any changes at (808)921-4611.

MAIL COMPLETE FORMS TO:
 THE RESERVATIONS CENTER
 2255 KALAKAUA AVE.
 HONOLULU, HI 96815