



Hilo Hawaiian HOTEL

71 Banyan Drive
Hilo, HI 96720
808-935-9361/808-961-9642
www.castleresorts.com

Advance Reservations Form

Client/Organization Health Care Home Conference

TimeFrame
Checkin Date: Sun 08/22/2010
Checkout Date: Wed 08/25/2010
Release Date: Fri 07/30/2010
Group Code: HH0242

DELUXE OCEAN VIEW ROOM: \$99.00 PLUS TAX, PER NIGHT

Room Commitments

TERMS AND CONDITIONS

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Arrival date: _____ Time: _____ Departure date: _____

Please indicate number of people in room: _____

DELUXE OCEAN VIEW: _____ Bedding: 1 King or 2 Queens
 Maximum persons: 4 with existing bedding
 Includes Mini-Refrigerator, 4 Cup Coffee Maker

ON REQUEST BASIS: SMOKING: _____ NON-SMOKING: _____

Rates are net, non-commissionable. Car Option: Please call for availability and rates.
 Roll away: Please add \$20.00 plus tax, per day. Roll-away(s) needed: _____
 All rates subject to 13.4166% GE and Transient tax. Taxes subject to change without notice.
 Cancellation Policy: 72 hours cancel notice is required for a refund.

To confirm your reservation, please enclose a 1 nights' deposit. If you wish to confirm with your credit card, a 1 nights' deposit of room and tax will be charged upon confirmation. Please fax to (808) 969-6472 OR Email to HHH-RES@CastleResorts.com

Type of credit card: _____ Number: _____

Full name on credit card: _____ Exp. Date: _____

Signature on credit card: _____

****Requests for room must be received by the release date noted above or subject to rate and space availability.**