



HAWAII PRINCE HOTEL WAIKIKI

AND GOLF CLUB

100 Holomoana Street Honolulu, HI 96815

Located at the Ala Wai Yacht Harbor

ROOM RESERVATION REQUEST FORM

TRANSPAC - July 22, 2005 - August 1, 2005

Reservation requests must be returned with a ONE (1) NIGHT'S ROOM AND TAX DEPOSIT for each room due within 14 days of the booking date via credit card or check. Deposit will be refunded if reservation is canceled and notice received by the Hotel no later than 72 hours prior to your arrival date. All written requests are on a first come, first serve space available basis.

ALL RESERVATIONS MUST BE RECEIVED BY THE HOTEL BY Wednesday, June 22, 2005. Send reservation requests and payment to:

HAWAII PRINCE HOTEL WAIKIKI

Attention: Reservations Department

100 Holomoana Street, Honolulu, Hawaii 96815

Phone: (808) 956-1111, Phone Toll free (800) 321-6248, Fax (808) 944-4491 or

Email: reservations@princehawaii.com

- NOTE:
1. \$179.00 Oceanfront Vista \$350.00 One Bedroom Suite
 \$209.00 Oceanfront Prime \$550.00 Two Bedroom Suite
 Based on single/double occupancy PLUS 11.416% State and Hotel tax.
 Third party charge is \$40.00. Suites are available upon request.
 Room categories subject to availability at the time of the request.
 2. Family Plan - no charge for child 17 years and under when sharing the same room; rollaway beds are available at \$35.00 per day, per room, maximum three adults per room, or (2) adults sharing with (2) children under 17 years.
 3. Check in time is 3:00 p.m. Check out is 12 noon.

ONE ROOM RESERVATION PER FORM, PLEASE MAKE EXTRA COPIES AS NEEDED. IF RESERVATIONS ARE MADE BY PHONE, BE SURE TO ENCLOSE A COPY OF THIS RESERVATION FORM WITH PAYMENT FOR PROCESSING.

Please reserve the following accommodations for me for the **TRANSPAC**. Deadline for reservations is: **Wednesday, June 22, 2005**.

Your credit card will be charged a one (1) night's deposit **at the time of booking**. If using a credit card, please indicate below:

ARRIVAL DATE/TIME: _____ DEPARTURE DATE/TIME: _____

RESERVATION NAME(S) : _____

#ADULTS/CHILDREN IN ROOM: _____ NAMES & AGES OF CHILDREN: _____

_____ 1 KING BED *or* _____ 2 DOUBLE BEDS ♦ _____ NON-SMOKING *or* _____ SMOKING

CARD NUMBER/TYPE: _____ EXP. _____

NAME ON CREDIT CARD: _____

Must be signed by the cardholder. Room and tax only will be charged unless otherwise specified.

CARDHOLDER SIGNATURE: _____ PHONE _____

MAILING ADDRESS: _____

ZIP CODE: _____

COMMENTS/REQUESTS: _____ EMAIL: _____