



100 Holomoana Street Honolulu, HI 96815 Phone: 808-956-1111

ROOM RESERVATION REQUEST FORM
TRANSPAC 2007
July 20, 2007 - July 30, 2007

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 14 days 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 20, 2007.

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
Reservations Fax (808) 944-4491
Email: reservations@princehawaii.com

- Check ONE: 1. \$189.00 Run-of-Ocean \$350.00 One Bedroom Ala Moana Suite
\$219.00 Oceanfront Prime \$475.00 Two Bedroom Prince Suite
Accommodations based on single/double occupancy PLUS 11.962% State and Hotel taxes.
Third party charge is \$60.00. Suites are available upon request.
2. Family Plan - no charge for child 17 years and under when sharing the same room; rollaway beds are available at \$40.00 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 the TRANSPAC 2007. Deadline for reservations is: Wednesday, June 20, 2007

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: AREA CODE/PHONE:

MAILING ADDRESS:

ZIP CODE:

COMMENTS/REQUESTS: EMAIL: