

ATC-15-9 US JAPAN WORKSHOP
June 30, 2003 - July 02, 2003

Reservation requests must be returned by May 28, 2003 with a TWO NIGHT'S DEPOSIT to guarantee each room. Deposit will be refunded if reservation is canceled and notice received by Hotel no later than fourteen (14) days prior to your arrival date. All written requests are on a first-come, first-served, space available basis. Rooms not guaranteed by this date will automatically revert back to hotel inventory.

SEND ALL RESERVATION REQUESTS & PAYMENTS TO:

MAUI PRINCE HOTEL
ATTENTION: CENTRAL ROOM RESERVATIONS
100 HOLOMOANA STREET
HONOLULU, HI 96815

FAX: 808-944-4491 TOLL FREE: 800-321-6284 DIRECT: 808-956-1111, EXTENSION 56

Room	Double Rate
Partial Ocean View	\$158.00

Third person: Additional \$40.00 daily

1. FAMILY PLAN: A maximum of two (2) children under 18 years of age at no charge when sharing room with two (2) adults, utilizing existing bedding
 2. ADDITIONAL CHARGES: Hotel Room Tax 7.25% State Tax 4.166% = 11.42% per room
 3. CHECK-IN: 3:00 PM CHECK-OUT: 12:00 NOON
 4. Rates guaranteed three (3) days pre/post of convention dates, based on space availability
- ONE ROOM RESERVATION PER FORM – SHOULD YOU REQUIRE ADDITIONAL ROOMS, PLEASE MAKE EXTRA COPIES AS NEEDED. IN THE EVENT RESERVATIONS ARE MADE BY PHONE, BE SURE TO REMIT THE BOTTOM PORTION OF THIS RESERVATION FORM FOR PROMPT PROCESSING. (MAIL BACK BOTTOM PORTION. HOTEL WILL SEND YOU A CONFIRMATION.) ALL REQUESTS ARE BASED ON SPACE AVAILABILITY.

PLEASE RESERVE THE FOLLOWING ACCOMMODATIONS:

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A credit card is required and a two night's deposit will be applied.

CARDHOLDER'S NAME: _____

CARD NUMBER: _____ EXPIRATION DATE: _____

ROOM RESERVATION FOR: _____

MAILING ADDRESS: _____

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

I PREFER: KING 2 DOUBLE BEDS NON-SMOKING

NAMES & AGES OF CHILDREN: _____

SIGNATURE: _____ DATE: _____ TELEPHONE: _____