HOUSING FORM

PACIFIC BEACH HOTEL
2490 Kalakaua Avenue
Honolulu, HI 96815
Telephone: (808) 923-4511 / Facsimile: (808) 922-8061
Email: reservation@pacificbeachhotel.com

Program Name: HAWAII VETERINARY CONFERENCE 2010
Program Dates: November 12 – 14, 2010
(Group rate has been extended three days prior to and after the event date)

Use this form to mail, fax OR call in reservations to (808) 923-4511, make sure to mention **HAWAII VETERINARY CONFERENCE 2010** to guarantee rate and block room space. Reservation requests must be received by **October 11, 2010** or be subject to hotel availability.

Name: _____
(Last) (First) (M.I.)

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Daytime Phone: _____ Facsimile: _____

Arrival: _____ Time: _____ ☐ am ☐ pm / Departure: _____ Time: _____ ☐ am ☐ pm

Sharing With _____ / _____ / _____
(Last) (First, M.I.) (Last) (First, M.I.) (Last) (First, M.I.)

Room Rate(s): ☐ **$119.00** per night, per room for **RUN OF HOUSE** accommodations.
NET, non-commissionable, applicable for 1 – 4 PERSONS PER ROOM.
Room rate is inclusive of daily self-parking for one car per room.

Rollaway Charge: $40.00 per room, per night (max one per room) **Tax:** 13.962% subject to change

Family Plan: No charge for children 18 and under occupying the same room with parents unless additional bedding is requested.

Guarantee: **A one night's room rate deposit is required AT TIME OF BOOKING to guarantee hotel reservation. One night's room and tax will be charged to credit card upon confirmation of reservation or processing of Housing Form.**

Credit Card Type (Please Check One):
☐ MasterCard ☐ Visa ☐ Discover ☐ American Express ☐ Diners ☐ JCB

Card Number: | | | | | | | | | | | | | | | | |

Expiration Date: | | / | | | CCV/CID** | | | | |

**CREDIT CARD VERIFICATION NUMBER (CCV/CID):
For security purposes, when paying with a credit card please provide us with the verification number that appears on your card. For Discover, Visa and MasterCard it is the last three digits that appear on the signature panel on the backside of the card. For American Express, it is a four digit, non-embossed number that appears right above your account number on the face of the card.

_____ Date: _____
Signature of Credit Card Holder

Cancellation Policy: Deposit will be forfeited if cancellation is not received 72 hours prior to confirmed arrival date.

Hotel check-in time is 3:00 p.m. Check out time is 11:00 a.m. Specific accommodations cannot be guaranteed. Requests for Suites must be made directly with the Hotel.

PLEASE RETURN THE COMPLETED FORM TO PACIFIC BEACH HOTEL, ATTENTION RESERVATIONS DEPARTMENT AT THE ADDRESS INDICATED ABOVE. RESERVATIONS MUST BE RECEIVED BY SEPTEMBER 1, 2010.