HOUSING FORM

PACIFIC BEACH HOTEL

Attn: Reservations / 2490 Kalakaua Avenue / Honolulu, HI 96815
Toll Free: (800) 367-6060 | Telephone: (808) 923-4511
Facsimile: (808) 922-8061 | E-Mail: reservation@pacificbeachhotel.com

Program Name: HAWAII VETERINARY CONFERENCE 2009
Program Dates: November 13 – 15, 2009
(Pre and Post conference stays will be confirmed based on availability)

Please use this form to mail or fax in reservations to the mailing address and fax number notated above, to guarantee rate and block room space. **One form per room.**
Reservation requests must be received by **October 13, 2009** or be subject to hotel availability.

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

Address: _____
(Street)

_____
(City) (State) (Zip) (Country)

Daytime Phone: _____ Facsimile: _____

Arrival: _____ Time: _____ ☐am☐pm / Departure: _____ Time: _____ ☐am☐pm
Hotel check-in time is 3:00 p.m. Check out time is 11:00am.

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

*Bed Type Request: ☐ 1 King Bed ☐ 2 Double beds *Other Requests: _____
*Special requests are not guaranteed and are subject to hotel availability

Room Only Rates*: ☐ **$135.00** per night, per room for **Partial Oceanview** accommodations.

Rollaway Bed Charge: $40.00 plus tax per night **Taxes:** 11.96%per night 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. Credit cards will be charged with one night's room rate plus tax upon receipt of Housing Form. PLEASE CHOOSE ONE OF THE FOLLOWING PAYENT METHODS:

☐ Check (Please make check or money order payable to ***Koa Management***)

☐ Credit Card (Complete the information below)

☐ Visa ☐ MasterCard ☐ Amex ☐ Discover
☐ Carte Blanche ☐ Diners Club ☐ Japan Credit Bureau

Credit Card Number (print) : | | | | | | | | | | | | | | | | |

Card Holder Name:
(as it appears on card) _____ Expiration Date: _____

Signature: _____ **CCV/CID Code: _____

**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.

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 COMPLETE AND RETURN THIS FORM TO THE ADDRESS ABOVE