

HOTEL RESERVATION FORM

(One Form Per Room)

OCEAN RESORTS HOTEL WAIKIKI

175 Paoakalani Avenue • Honolulu, HI 96815 • Phone: 808-922-3861

Please submit this reservation form no later than **October 30, 2009** to confirm your reservation.

"PFRP Meeting - UH Oceanography JIMAR Group"

Hotel Room Block Dates: November 15 - 25, 2009

Name(s):		
Address:		
City:	State:	Zip Code:
Phone:		Email:
Arrival Date:	Est. Time of Arrival:	Departure Date:
Number of Adults:	Number of Children:	Ages of Children:
Special Requests:		

Rooms can accommodate the number of persons shown in the parenthesis with existing beds.

Room Rate: \$69.00 Room Type: City View Hotel Bedding: 2 Twins or 1 Queen

Bedding Request (select one): One Queen Bed or Two Twin Beds

Check if required: Rollaway Bed @ \$25/day

(Note: Rate is based on 1-2 per room. Bedding type is on a **request basis only**. The hotel will do its best to accommodate your requests). The hotel is a 100% non-smoking facility. Rates are subject to 12.962% taxes.

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Guarantee/Deposit Policy: To confirm and guarantee your reservation, please mail a check or money order payable to the **Ocean Resort Hotel Waikiki** in US funds in the amount of a one night's payment along with this completed Reservations Form to: **Castle Resorts & Hotels, Group Reservations, 3 Waterfront Plaza, 500 Ala Moana Blvd. # 555, Honolulu, Hawaii 96813**. This reservation form can also be faxed to **(808) 545-2163**, and emailed to **groups@castleresorts.com**.

Type of Card:	Card Number:	Exp. Date:
Cardholder Name:		Signature:

Cancellation Policy: A one night's charge will be assessed for any cancellations received within 14 days prior to arrival.

Please call our reservations office at (800) 367-5004, (808) 545-3510 should you have any questions or require additional information.