



ALA MOANA HOTEL

GROUP: HSRC - Respiratory Conference 2010
DATES: September 13, 2010 - September 17, 2010

Group name must be specified when making your reservation.

SPECIAL GROUP ROOM RATES (ROOM RATES ARE PER NIGHT)

CATEGORY	SINGLE	DOUBLE	TRIPLE
*Waikiki Tower	\$119	\$119	\$159

**Choice of King or Two Double Beds/ room*

Room rates are subject to General Excise Tax of 4.712% plus Transient Accommodations Tax of 9.25%. (Subject to change.)

Reservation form must be received by the hotel no later than August 14, 2010. Reservations received after August 14, 2010 are subject to room availability. Room requests for extended dates will be confirmed on space availability basis only, if confirmed, will be done at the group rate.

Major credit card information must accompany the reservation request to guarantee the room. Reservations can also be made by phone by calling toll-free (800) 367-6025 (U.S. & Canada), (800) 446-8990 (Neighbor Islands), direct (808) 955-4811/Group Reservations, by facsimile (808) 944-6839 and email at groupreservations@alamoanahotel.com

Cancellations received within 72 hours of arrival will be charged one night's room rate plus taxes.

Adjacent room requests will be confirmed subject to availability only. No charge for children under 18 years of age when occupying room with full paying adult and utilizing existing bedding. Ala Moana Hotel is a non-smoking hotel.

Hotel check-in time is 3:00 PM. Check-out time is 12:00 noon.

FORM CAN BE SENT VIA EMAIL, FAX, OR MAIL

(1) form per room

GROUP: HSRC - Respiratory Conference 2010
DATE: September 13, 2010 - September 17, 2010

If mailing, sent to:
Ala Moana Hotel
410 Atkinson Drive
Honolulu, HI 96814
Attn: Group Reservations

PLEASE PRINT:

NAME: _____

ADDRESS: _____

ARRIVAL DATE: _____ **TIME:** _____ **DEPARTURE DATE:** _____ **TIME:** _____

PHONE: _____ **FAX:** _____

CATEGORY SELECTED: _____ **SGL** _____ **DBL** _____ **TPL** _____ **RATE:** _____

SHARING ROOM WITH: _____ ***ALA MOANA HOTEL IS A NON-SMOKING HOTEL***

CREDIT CARD: () AMEX () MC () VISA () CARTE BLANCHE/ DINERS () JCB

ACCOUNT NUMBER: _____ **EXP. DATE:** _____

CARDHOLDER'S NAME: _____ (Please Print) _____ (Signature)

Credit card guarantee must be included with this form.