

# hotel reservation form



4331 Kauai Beach Drive ▪ Lihu'e, Hawai'i 96766 ▪ Direct: 1-808-245-1955 ▪ [www.kauaibeachresorthawaii.com](http://www.kauaibeachresorthawaii.com)  
Reservation Department: Toll Free: 1-888-805-3843 ▪ Fax: 808-245-3956 ▪ Open weekdays 7:00 am – 4:00 pm

GROUP NAME: **QUILT VENTURES HAWAII 2013** GROUP CODE: **QUILT2**

DATE: **June 23, 2012 (Saturday) – July 4, 2012 (Wednesday)**

# of rooms **ROOM RATE / CATEGORY**  
**\$130.00 net / Run of House category / inclusive of daily self-parking**

ROOM RATE(S) ARE: ▪ Based on Single or Double Occupancy. ▪ Maximum four (4) persons per room.

- Net, non-commissionable and are subject to 4.166% Hawaii State Tax & 9.25% Transient Accommodation Tax, totaling 13.416%.
- Additional Person Charge: Each additional adult will be charged \$40.00 plus 13.416% tax per night. Charge includes additional rollaway, if requested.
- Children under the age of 17 are free with use of existing bedding. Should you require a rollaway an additional \$20.00 plus 4.166% tax, per night will apply. Cribs are complimentary.
- Special group room rate(s) will apply four (4) days prior and four (4) days after the main group meeting dates based on availability.

NAME: \_\_\_\_\_ BEDDING REQUEST: \_\_\_\_\_ KING \_\_\_\_\_ DBL/DBL

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NUMBER OF PERSONS: \_\_\_\_\_ ADULTS \_\_\_\_\_ CHILDREN: \_\_\_\_\_

List ages of Children: \_\_\_\_\_

ARRIVAL DATE: \_\_\_\_\_

AIRLINE: \_\_\_\_\_ FLIGHT: \_\_\_\_\_ TIME: \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_

AIRLINE: \_\_\_\_\_ FLIGHT: \_\_\_\_\_ TIME: \_\_\_\_\_

- **Check-in time** is after 4:00 pm. **Check-out time** is 12:00 noon.
- **Porterage** is optional at \$7.30 inclusive round-trip per person; individual guest to pay direct.
- **Deposit:** A one (1) night room and tax deposit is required. Payment may be made by company or personal check, payable to the order of Kauai Beach Resort. Credit cards are also accepted.
- **Cancellation fee:** One (1) night's room and tax penalty for reservations cancelled within 72 hours of arrival.
- **Deadline:** Final day for reservation at Group Room Rate is **May 23, 2012**.

## Cardholder Information

Name as it appears on the credit card: \_\_\_\_\_

Card type:  Visa  MC  Amex  Diners/CB  Discover  JCB

Account number: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Address: (where statement is mailed to) \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax or alternate number: \_\_\_\_\_

**\*\*\*\*PLEASE FAX THIS COMPLETED FORM TO OUR HOTEL RESERVATIONS DEPARTMENT AT 1-808-245-3956\*\*\*\***

MAHALO FOR CHOOSING TO STAY WITH US.