

hotel reservation form



4331 Kauai Beach Drive ▪ Lihu'e, Hawai'i 96766 ▪ Direct: 1-808-245-1955 ▪ 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.