TBLT 2007 September 18 – 24, 2007

HOTEL RESERVATION FORM (One Form Per Room)

Please submit this reservation form no later than <u>August 18, 2007</u> to guarantee your reservation.

State:	Zip Code:
H	ome Phone:
Est. time of Arrival:	Departure Date:
Number of Children:	Ages of Children:
0 1	ategory selection is based on a first come first served basis): s shown in the parenthesis with existing beds.
Oueen K	apiolani Hotel
	ne: (808) 922-1941 • <u>www.queenkapiolani.com</u>
	\$87.00 / Diamond Head View Studio w/kitchenette & Lanai (1-2 persons) – Note: Limited Room Availability
	\$94.00 / Ocean View Studio w/kitchenette & Lanai (1-4 persons) – Note: Limited Room Availability
oom w/Mini Fridge, Coffee	
dding Request (circle one): Or	e King Bed <u>or</u> Two Double Beds
f required: Rollaway Bed @ \$30	0/day Crib @ \$30/day
rpe is on a <i>request basis only</i> . The e hotel is a 100% non-smoking facilit	hotel will do its best to accommodate your requests) y. Rates are subject to 11.962% taxes.
one night's payment along with this of	ease mail a check or money order payable to the Queen Kapiolan completed Reservations Form to: Central Reservations Office,
	I major credit cards. Please complete the following only if faxed to (808) 924-1982 if guaranteeing with a credit card.
Card Number:	Exp. Date:
Signature):
	Est. time of Arrival: Number of Children: Category from the following choices (cacan accommodate the number of persons) Number of Children: Queen Kacan accommodate the number of persons Number of Children: Queen Kacan accommodate the number of persons Number of Children: Queen Kacan accommodate the number of persons Number of Children: Queen Kacan accommodate the number of persons Number of Children: Queen Kacan accommodate the number of persons Accompany of persons Card Number: H Card Number: H Card Number: H Card Number: Accompany of Children: Accompan

Please call our reservations office at (800) 367-2317 or (808) 922-4671 should you have any questions.