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.

Address:		
City:		Zip Code:
Office Phone:		Home Phone:
Arrival Date:	Est. time of Arrival:	Departure Date:
Number of Adults:	Number of Children:	Ages of Children:
Special Requests:		
		(category selection is based on a first come first served basis): ons shown in the parenthesis with existing beds.
175 Paoakalani A		Psort Hotel Waikiki Phone: (808) 922-3861 • www.oceanresort.com
\$67.00 / Moderate (City View) Hotel Room w/Mini Fridge & Lanai (1-2 persons)		\$82.00 / Deluxe (City View) Studio w/Kitchenette & Lanai (1-4 persons)
\$72.00 / Moderate Ocean View Hotel Room w/Mini Fridge & Lanai (1-2 persons)		\$90.00 / Ocean View Studio w/Kitchenette & Lanai (1-4 persons)
\$77.00 / Superior (City View) (1-4 persons)	Studio w/Kitchenette & Lanai	
	Bedding Requ	est (circle one):
Hotel Rooms: One Quee	en Bed <u>or</u> Two Twin Beds	Studios: One King Bed or Two Double Beds
Che	ck if required: Rollaway Bed @	\$30/day Crib @ \$30/day
		ne hotel will do its best to accommodate your requests) ility. Rates are subject to 11.962% taxes.
	one night's payment along with t	please mail a check or money order payable to the Ocean Resort Hotel his completed Reservations Form to: Central Reservations Office, 17
		all major credit cards. Please complete the following only if be faxed to (808) 924-1982 if guaranteeing with a credit card.
e of Card:	Card Number:	Exp. Date:
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