



Royal Kona Resort

The Essence of Kailua-Kona

RESERVATION REQUEST

CYAMUS Conference

March 4 - 8, 2003

NAME: _____
 ADDRESS: _____
 TELEPHONE NO: _____ FAX: _____
 ARRIVAL DATE: _____ DEPARTURE DATE: _____
 AIRLINE & FLIGHT #: _____ TIME OF KONA ARRIVAL: _____
 SHARING ROOM WITH: _____

	<u>Room only</u>
Run of House	_____ \$89.00
Ocean View	_____ \$105.00
Additional Person Charge	_____ \$15.00

Above rates are subject to 7.25% Hawaii room tax and 4.17% Hawaii excise tax, for a total of 11.42%. Rates are based on single or double occupancy. Maximum of 4 persons to a room.

I prefer a (SMOKING) or (NON-SMOKING) room (circle one).

FAMILY PLAN: No extra charge for children 17 years and under, when they share the same accommodations as their parent(s).

This reservation request must be accompanied by a one (1) night-s deposit and received no later than **February 2, 2003**. After that point all reservation requests will be subject to space availability. Cancellations received fifteen (15) days prior to arrival will be assessed a "late cancellation" charge of one (1) night's room rate plus 11.42% tax. Reservation request for early arrivals or late departure will be accepted at the above room rates based on availability only.

MAKE CHECK OR MONEY ORDER PAYABLE TO: ROYAL KONA RESORT

CHARGE TO: American Express Visa Mastercard Diners Discover

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CARD NUMBER

EXPIRATION DATE

CARDHOLDER'S NAME

SIGNATURE

Please return completed form with deposit to:

ROYAL KONA RESORT
 Attn: Marites Bravo-Bala
 75-5852 Alii Drive, Kailua-Kona, HI 96740
 Phone; 808-329-3111/800-919-8333
 FAX: 808-329-9532
 Email: maritesb@royalkona.com