



Burmese Medical Association of North America Group

IN: August 2, 2010 OUT: August 14, 2010

HOTEL RESERVATION FORM

E-mail: gwen.boyce@outrigger.com

Phone: (808) 921-9781/ Toll Free (877) 863-6860
Monday – Friday (6:00 a.m. – 5:00 p.m. HST)

Fax: (808) 921-9787

OUTRIGGER REEF ON THE BEACH

Category	Nightly Rate	Total w/tax	No. Of People	# Adults/Children	No. Of Rooms
*Moderate	\$135.00	\$153.85		/	
City View	\$155.00	\$176.64		/	
Partial Ocean View	\$185.00	\$210.83		/	
Ocean View	\$225.00	\$256.41		/	
Ocean Front	\$255.00	\$290.60		/	
One Bedroom City View	\$235.00	\$267.81		/	
One Bedroom Ocean View	\$265.00	\$302.00		/	
One Bedroom Ocean Front	\$495.00	\$564.11		/	

Rates are based on single/double occupancy (\$50.00 additional charge for 3rd & 4th adult using existing bedding).

*Moderate rooms accommodate 3 people maximum

Subject to Hawaii State and Hotel Tax 13.962%

One Bedroom Suites are limited & based on availability

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____ TELEPHONE _____

HOTEL CHECK IN DATE: _____ FLIGHT NUMBER & TIME: _____

HOTEL CHECK OUT DATE: _____ FLIGHT NUMBER & TIME: _____

Please check bedding type:

King Bed

2 Double Beds

- Check-in time is 3:00pm. Check-out time is 12:00 noon.
- Family Plan: Children 17 and under are free when sharing with parent(s) and utilizing existing beds (**Maximum 2 adults and 2 children**).
- Parking is \$12.50 per day, all valet parking and not included in above rates. Price subject to change without notice.
- **DEADLINE:** Final day for reservation is: **July 2, 2010** via fax or by phone. (Use Outrigger hotel reservation form provided by group coordinator).
- **CANCELLATION PENALTIES:**
 - Within 30 days of arrival – one nights room & tax
 - Within 15 days of arrival – two nights room & tax
 - Within 3 days of arrival – 100% room & tax
- **DEPOSIT BY PERSONAL CHECK - (U.S. DOLLARS):** Pay to the order of OUTRIGGER HOTELS & RESORTS or by credit card. Fill in credit information below. **"Reservations will not be confirmed without a credit card guarantee or deposit"**.

CREDIT INFORMATION:

CARDHOLDER NAME: _____ EXP. DATE: _____

TYPE OF CARD: _____ CARD NUMBER: _____

MASTERCARD INTER BANK NUMBER (4 DIGITS): _____

BILLING ADDRESS: _____