



RADISSON KAUAI BEACH RESORT

4331 Kauai Beach Drive Lihue, HI 96766

Toll Free Reservations: 1-888-805-3843

FAX: (808) 246-9085

Email: rhi\_kahi@radissn.com

**HOTEL RESERVATION FORM**

International Symposium on Atomic Level Characterizations (ALC '03)

October 5, 2003-October 10, 2003

NUMBER OF ROOMS: \_\_\_\_\_

CATEGORY: \_\_\_\_\_

RATES: \$100.00 net, Mountain/garden view, single/double occupancy plus applicable taxes.

\$110.00 net, Pool view, single/double occupancy plus applicable taxes.

\$125.00 net, Ocean view, single/double occupancy plus applicable taxes.

Above rates valid up to four (4) days prior and following about conference dates. Please indicate preference for smoking or non-smoking room, which is based on a request basis.

(Applicable Taxes: State Excise Tax - 4.166% and Hotel Room Tax - 7.25% = 11.416% Total Tax, subject to change without notice.) Additional Person Rate is \$20 per night. Rate stated is per room, per night. A maximum of four persons is allowed per room.

NAME: \_\_\_\_\_ BEDDING REQUEST \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NUMBER OF PERSONS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ARRIVAL DATE: \_\_\_\_\_ AIRLINE \_\_\_\_\_ FLIGHT \_\_\_\_\_ #&TIME: \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_ AIRLINE \_\_\_\_\_ FLIGHT \_\_\_\_\_ #&TIME: \_\_\_\_\_

- \* Check-in time is 3:00 PM. Checkout time is 12:00 noon.
- \* Children 17 years and under are free when sharing with parent(s) and utilizing existing beds.
- \* **INDIVIDUAL GUEST WILL BE RESPONSIBLE FOR HOTEL BELLMAN SERVICES. (Current Rate: \$4.90 inclusive, round-trip, per person)**
- **DEADLINE:** Final day for reservation is: **July 18, 2003.**
- \* **CANCELLATION:** A reservation must be canceled no later than 30 days prior to arrival. Any cancellations done inside of 30 days will be subject to a one night's room and tax penalty.
- \* **DEPOSIT BY PERSONAL CHECK (U.S. Dollars):** Pay to the order of **RADISSON KAUAI BEACH RESORT.** **CREDIT CARDS** accepted. (3% service charge applied to credit card deposits)
- A name and one (1) night room and tax deposit is required for each reservation.
- Reservation is confirmed when deposit is received within 10 days of booking. A written confirmation will be mailed.

**CREDIT CARD DEPOSIT INFORMATION: (Your card will be charged the deposit upon receipt of this form)**

CARDHOLDER NAME: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

TYPE OF CARD: \_\_\_\_\_ CARD NUMBER: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

**PLEASE RETURN THIS FORM & ONE NIGHT'S DEPOSIT TO:**  
Radisson Kauai Beach Resort

4331 Kauai Beach Drive

Lihue, HI 96766

Attn: Reservations