

Sheraton Maui Reservation Form

PWG / IEEE-ISTO

PLEASE MAKE YOUR RESERVATIONS EARLY

() Single () Double () Triple () Quad

RATE: Special rate of \$225.00 for Run of House category. Rate is valid from January 17 - 30, 2001 and based on availability. Rates are based on single or double occupancy and are Non-Commissionable to Travel Agents.

Room rates are subject to the current 4.16% Hawaii State Tax and the Hawaii Hotel Room Tax of 7.25% for a total of 11.41%. Additional person rate is \$45.00 plus tax per person. Children 18 years and younger are at no additional charge when accompanied by parents in the same room using existing bedding. Maximum number of people allowed in one room is four.

A mandatory poterage fee of \$4.90 inclusive per person, WILL BE CHARGED TO YOUR INCIDENTAL ACCOUNT. A resort fee shall also be assessed at the time the reservation is made. Currently the resort fee is \$7.29 per room per night and is subject to change without notice.

PLEASE PRINT OR TYPE

| NAME: | | | | |
|---|---------------------------------|--|------------------|---|
| ADDRESS: | | | | |
| CITY: | STATE: | ZIP COI | DE: | PHONE: |
| ARRIVAL DATE: | | FLIGHT #/1 | TIME: | |
| DEPARTURE DATE: | FLIGHT #/TIME: | | | |
| NUMBER OF PEOPLE: | NAME/AGES OF CHILDREN: | | | |
| | Check-in Time is 3:0 | 00 p.m./ Check-out T | ime is 11:00 a.m | |
| Please make check payable to S will be charged the appropriate We accept (circle one): AMEX/I | e rate plus applicable ta | ax as a one night's r | oom deposit . | ow. The credit card noted below Enroute |
| Card Number: | Expir | ration: | Name on Card_ | |
| | nature | | | |
| ****** | ***** | ***** | ***** | ******* |
| Reservations must be received at the Ho available basis. Please make your reserv | | | | reservation requests will be on a space a program dates of January 21 -26, 2001. |
| Deposit will be refunded if the reservatio | n is cancelled no later than se | even (7) days prior to the | arrival date. | |
| Please complete and detach the above fo | rm and submit with your rese | ervation to: | | |
| | 20 | Iaui - Attn: TETS YAM 605 Kaanapali Parkway Lahaina, HI 96761 661-0031 Fax: (808) | | |

If you should have changes after this form is submitted, please notify Tets Yamazaki, Front Office Manager, by fax immediately so that the appropriate changes can be made. Please fax information to (808) 661-0458.