

THE WESTIN MAUI
RESORT & SPA
Lahaina, Maui

\$210.00 Run of House

\$225.00 Run of Ocean

Triple rate is \$70 additional daily
Daily Resort Fee of \$25.00 per room/night

Single or Double Occupancy

Room rates are subject to the current 11.416% Hawaii State and room tax. Above rates apply to both single and double occupancy. **Triple rate is \$70 additional daily.** No additional charge for children 17 years and younger using existing bedding and sharing the same room with parents. (Please advise ages of children). Rates are non-commissionable. Room rates quoted will be honored December 10-12, 2009 and December 22-23, 2009, based on availability, to accommodate pre and post stays

Please fill out the form below, call our Central Reservations office, or use our Conference website to make your reservation. A (2) two night deposit (credit card, check or money order) will be required to guarantee your reservation.. At thirty (30) days prior to the arrival date of the group, 11/21/2009 the hotel will cancel all reservations without a credit card guarantee or deposit. Reservation requests received after the 30-day cutoff will be confirmed at the group rate on a space available basis only. Deposit will be refunded if reservations are canceled and notice received at the hotel 30 days prior to arrival date. Any cancellation after the 30 days the hotel will retain the (2) two nights deposit as a penalty fee. Individuals with guaranteed reservations who fail to arrive (no show) on the confirmed date will be charged for the entire stay.

Check in time is 3:00 p.m. / Check out time is 12:00 noon

Mail or fax to: *Group Reservations*
THE RESERVATIONS CENTER
2255 Kalakaua Avenue-38th Flr
Fax: (808)921-4697

OR: *Call our Central Reservations Office*
at (800)782-9488

OR: *The Reservation Center, Group Line*
At (808) 921-4651

10th US Japan Symposium 2009
RESERVATION FORM
December 16-20, 2009

PLEASE PRINT OR TYPE:

Name: _____ Phone: (____) _____ Fax: (____) _____

Share name (ages of children if any): _____

Address: _____ Email: _____

City: _____ State _____ Country _____ Zip Code: _____

Hotel: _____ Room Category: _____ Room Rate: _____ # of pax _____

Arrival Date: _____ Time & Flt: _____ Departure Date: _____ Time & Flt _____

SPECIAL REQUESTS: _____

CREDIT CARD GUARANTEE

Circle one: American Express / Carte Blanche / Diners Club / MasterCard / VISA / Discovers Card

Account no: _____ Expiration date _____

Name on Card _____ Signature: _____

*If paying by check, please make checks payable to the **WESTERN MAUI RESORT & SPA**. After this form has been submitted, please notify The Reservations Office immediately with any changes at (808) 921-4651*