

THE WESTIN

MAUI
RESORT & SPA
KA'ANAPALI

US Japan Symposium 2017

2365 Ka'anapali Parkway
Lahaina, HI 96761
(808) 667-2525

_____ Run of House @ \$230.00++ Single/Double

_____ Ocean View @ \$255.00++ Single/Double

A daily resort charge of \$30.00 plus tax will be posted to each individual guest folio for a variety of amenities and services.

Single or Double Occupancy

Room rates are subject to the current 13.4166% Hawaii State and room tax. Above rates apply to both single and double occupancy. **The Westin Maui Resort & Spa triple rate is an additional \$80.00 daily.** No additional charge for children 18 years and younger staying in existing bedding and sharing the same room with parents (Please advise ages of children). Rates are non-commissionable. Room rates quoted will be valid three (3) days before and three (3) days after the main group dates of **Saturday, December 9, 2017 – Thursday, December 21, 2017** based on hotel room and rate availability.

Please complete the form below, call our Central Reservations office or use our Conference website to make your reservation. A credit card will be required to hold each individual reservation. However, there will be a two (2) nights charge for any reservation cancelled within thirty (30) days prior to guest arrival. Individuals with guaranteed reservations who fail to arrive (no show) on the confirmed check-in date will be charged for their entire stay.

Check-In Time 3:00pm /Check-Out Time 11:00 am

Mail or Fax: Group Reservations
THE RESERVATIONS CENTER
2255 Kalakaua Avenue – 38th Floor
Honolulu, HI 96815
Fax: (808) 921-4696

OR

Call: Central Reservations Office
Open 24 Hours - (866) 716-8112
Mon – Fri 8am-5pm (808) 921-4651

US Japan Symposium 2017 RESERVATION FORM December 9, 2017 – December 21, 2017

PLEASE PRINT OR TYPE:

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

Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Email Address: _____

Room Category: _____ Room Rate: _____ # of Pax: _____

Arrival Date and Time: _____ Departure Date and Time: _____

SPECIAL REQUESTS: _____

CREDIT CARD GUARANTEE

Circle One: American Express Carte Blanche Diners Club Discover Card MasterCard VISA

Card Number: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

If paying by check, please make payable to THE WESTIN MAUI RESORT & SPA. After this form has been submitted, please notify the Reservations office immediately with any changed at (808) 921-4651.