



Sweet Adelines International

International Convention & Competition
Honolulu, Hawaii • November 4 – 8, 2008

Quartet Housing Form

ACKNOWLEDGMENTS

\$ E-mail acknowledgments will be sent within 72 hours of processing your reservation. Fax and mail acknowledgments will take 10-14 days. If you do not receive your reservation acknowledgment in this time frame, please contact the housing bureau.

HOTEL ROOM RATES/TAXES

- \$ To take advantage of the Sweet Adelines room rates, please make your reservations by **September 15, 2008**. After that date, room blocks will be released and hotels may charge higher rates.
- \$ All rates are per room and are subject to a 11.41% hotel tax and a per room per night occupancy tax.
- \$ Special requests cannot be guaranteed; however, hotels will do their best to honor all requests.

DEPOSITS

- \$ All rooms require a credit card deposit in the amount of one night's lodging.
- \$ This deposit is *non-refundable* if you are a no-show. Deposit refunds will only be made if the cancellation request is received 72 hours prior to scheduled arrival date.
- \$ Reservation requests received after **September 15, 2008**, will be accepted on a space-available basis at the hotel's prevailing rates.

CHANGES/CANCELLATIONS/REFUNDS

- \$ Cancellations made August 29, 2008 through September 15, 2008, will be subject to a \$25.00 cancellation fee. Cancellations made after September 15, 2008, will be subject to a \$50.00 cancellation fee. After October 1, contact your hotel directly (prior to 72 hours of your arrival) to avoid additional hotel cancellation penalties.
- \$ To change or cancel your reservation call toll free (800) 611-2720 or (330) 405-7811 for international callers. Please do not contact the hotels directly until October 15, 2008.

RETURN INFORMATION

Nancy Aloway
PO Box 470168
Tulsa, OK 74147-0168
(918) 622-1444 • (800) 992-7464
Fax: (918) 388-8083

GUEST INFORMATION

Arrival Date: _____ Departure Date: _____

Name: _____

Address: _____

City, State/Province: _____

Zip/Postal Code, Country: _____

E-mail Address: _____

Phone: _____ Fax: _____

HOTEL SELECTION

Rooms are being held in a special block at the Hilton Hawaiian Village. **Please indicate which room view/size preferred.**

Hilton Hawaiian Village
(Headquarters Hotel)
2005 Kalia Rd
Honolulu, HI 96815

Garden View
 Single/Double \$180
 Triple/Quad \$203

Partial Ocean/Ocean View
 Single/Double \$203
 Triple/Quad \$225

Tax rate: 11.41% per night, per room

List all room occupants:

1. _____
2. _____
3. _____
4. _____



Check here if you have a disability requiring special services.

Special request/needs: _____

RESERVATION GUARANTEE

All reservation requests must be accompanied by a valid credit card number to be processed.

American Express Visa MasterCard Discover Diners Club

Card Number: _____ Exp. Date: _____

Name on Credit Card _____

Cardholder's Signature _____

**Please return completed form to Headquarters
by July 1, 2008**