



71 Banyan Drive
 Hilo, HI 96720
 808-935-9361/808-961-9642
 www.castleresorts.com

Hilo Hawaiian HOTEL

Advance Reservations Form

Client/Organization _____
NgCFHT Workshop

TimeFrame _____
 Checkin Date: Tue 03/26/2013
 Checkout Date: Fri 03/29/2013
 Release Date: Tue 02/26/2013
 Group Code: HH3037

STANDARD GARDEN VIEW ROOM: \$93.00 PLUS TAX, PER NIGHT

DELUXE OCEAN VIEW ROOM: \$118.00 PLUS TAX, PER NIGHT

Room Commitments

TERMS AND CONDITIONS

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Arrival date: _____ Time: _____ Departure date: _____

Please indicate number of people in room: _____

- STANDARD GARDEN VIEW: _____ Bedding: 1 King or 2 Doubles
 Maximum persons: 4 with existing bedding
 Room Amenity: 4 Cup Coffee Maker
- DELUXE OCEAN VIEW: _____ Bedding: 1 King or 2 Queens
 Maximum persons: 4 with existing bedding
 Room Amenity: Mini Refrigerator, 4 Cup Coffee Maker

Rates are net, non-commissionable. Cancellation Policy: 4 days cancel notice is required for a refund.
 Roll away: Please add \$20.00 plus tax, per day. Roll-away(s) needed: _____
 All rates subject to 13.4166% GE and Transient tax. Taxes subject to change without notice.
 Please call for rent a car availability

To confirm your reservation, please enclose a 1 nights' deposit. If you wish to confirm with your credit card, a 1 nights' deposit of room and tax will be charged upon confirmation. Please fax to (808) 969-6472 OR Email to hhh-res@castleresorts.com

Type of credit card: _____ Number: _____

Full name on credit card: _____ Exp. Date: _____

Signature on credit card: _____

**Request for rooms must be received by the release date noted above or be subject to rate and space availability.