



4331 Kauai Beach Drive Lihue, HI 96766
Toll Free Reservations: 1-888-805-3843
FAX: (808) 246-9085
EMAIL: rhi_kahi@radisson.com (reservations) or
jomo@radissonkauai.com

HICSS CONFERENCE

AVAILABLE DATES: January 2-9, 2006

Use this form only to mail in reservations or call Radisson Kauai Beach Resort Reservations at (808) 245-1955. Please make sure to mention HICSS, to guarantee rate and block room space. Reservation request must be received by Dec. 2, 2005. Reservations received after the deadline date will be at RACK rate, based on availability.

Name: _____
(Last) (First) (M.I.)

Address: _____

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

Daytime Phone: _____ Cellular: _____ Pager: _____ Fax: _____

Arrival: _____ Time: _____ Departure: _____ Time: _____

Number of Rooms: _____ Number of Persons: _____
(4 persons maximum to a room)

Sharing With: _____
(Last) (First/M.I.)

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(Last) (First/M.I.)

(Check in Time @ 4:00 pm. Check Out time is 12:00 noon)

Room Rate(s):

Please check the following categories that apply:

_____ Mountain/Garden Category at \$149

_____ Pool View Category at \$169

_____ OceanView Category at \$189

_____ Additional Person @ \$20.00 plus applicable taxes

Net RATE, plus Prevailing Hawaii State and Transient Taxes at the time of booking will apply and is subject to change. Rate is applicable for single or double occupancy, utilizing existing bedding. (room rate per night, per room)

_____ Thrifty Car Rental @ \$30.00, daily plus applicable taxes and fees per day. Plus State & Transient Tax: 11.4166%, subject to change without notice (4.166% state tax + 7.25% transient tax)

ETArrival @ _____ ETDeparture @ _____

Family Plan: No charge for children 17 years if occupying the same room with parents, unless additional bedding is requested. There is a \$20.00 rollaway charge, plus tax, per day per room.

Bellman: Individual guest will be responsible for bellman services. Current rate is \$6.25 per person, inclusive, roundtrip)

Guarantee: A ONE (1) night's room rate deposit is required within 10 days of confirmation to guarantee hotel reservation.

Method of Payment:

_____ Check Please make check or money order payable to: **Radisson Kauai Beach Resort**

_____ Credit Card (3% service fee applicable to credit card charges)

Amount: _____

Type of Card: _____ Card

Number: _____ Exp: _____

Credit Card Holder (please print): _____

Signature (authorizing charge): _____

Cancellation Policy:

Deposit will be forfeited if cancellations received inside of 30 days, will be charged ONE night's room and tax.

Please Return This form to:

Radisson Kauai Beach Resort
4331 Kauai Beach Drive
Lihue, HI 96766

Phone: (808) 246-5515

Fax: (808) 245-3956

Email: jomo@radissonkauai.com

Attention: Jodi Hashimoto-Omo, Convention Sales/Service Manager