



Hilo Hawaiian HOTEL

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

Advance Reservations Form

Client/Organization _____
Society Of Hawaiian Archeology

Time Frame _____
Checkin Date: Fri 10/10/2014
Checkout Date: Sun 10/12/2014
Release Date: Fri 08/29/2014
Group Code: HH4212

STANDARD GARDEN VIEW ROOM: \$115.00 PLUS TAX, PER NIGHT

DELUXE OCEAN VIEW ROOM: \$145.00 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

DELUXE OCEAN VIEW: _____ Bedding: 1 King or 2 Doubles
Maximum persons: 4 with existing bedding

Rates are net, non-commissionable.
Cancellation Policy: 4 days cancel notice is required for a refund.
Roll away: Please add \$30.00 plus tax, per day. Roll-away(s) needed: _____
All rates subject to 13.4166% GE and Transient tax. Taxes subject to change without notice.
All rooms have a Mini Refrigerator and 4-cup Coffee Maker

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 hhhres@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.