

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:		Cellula	Cellular:		Fax:
Arrival:		Time:	Depai	rture:	Time:
Number of Rooms:			Number of Persons: persons maximum to a room)		
Sharing Wi	ith:				
Sharing With:		(Last)		(First/M.I.)	
0		(Last)	(First	/M.I.)	
Room Rate Please che	e(s):	Check in Time @ 4		ck Out time is 12	:00 noon)
	Mountain	/Garden Category	at \$149		
	Pool View	v Category at \$16	Э		
	OceanVie	ew Category at \$1	89		
	Additiona	l Person @ \$20.0	0 plus applica	ble 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