



**HILO HAWAIIAN
HOTEL**

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

Advance Reservations Form

Client/Organization _____

HICC Installation Dinner
Hawaii Island Chamber Of Commerce

Time Frame _____

Checkin Date: Wed 06/26/2024
 Checkout Date: Thu 06/27/2024
 Release Date: Sun 06/12/2024
 Group Code: H24264

SPECIAL RATE: \$159.00 PLUS TAX, PER NIGHT

RESERVATION INFORMATION

Guest Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Arrival date: _____ Time: _____ Departure date: _____

Please indicate number of people in room: _____

PREMIUM OCEAN FRONT: _____ Bedding: 1 King or 2 Queens / Maximum People: 4

- *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: _____
- *Resort Fee: Waived
- *All rates subject to Hawaii State GE and Transient taxes. Taxes are subject to change without notice.
- Current taxes: Hawaii State GE Tax 4.7120%, Hawaii State TAT 10.25%, Hawaii County HCTAT 3.0%

To confirm your reservation, please call (808) 969-6469. Reservations Department Hours: Mondays-Fridays 8:00am-4:00pm, Saturdays & Sundays 8:00am-2:00pm Hawaii time. OR send this completed form to the following:

Fax: (808) 969-6472
Mail: Hilo Hawaiian Hotel-Reservations, 71 Banyan Drive, Hilo Hawaii 96720

A 1 nights' deposit of room and tax is required to confirm each reservation. If you prefer to utilize a credit card, please complete the following. To avoid credit card fraud, please present this credit card along with your ID upon check-in.

Type of credit card: _____ Number: _____

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

Signature on credit card: _____

**** Reservation must be received by the release date noted above ****