



**GROUP RESERVATION FORM**

Reservation form must be returned with a ONE NIGHT’S DEPOSIT FOR EACH ROOM no later than **September 21, 2008**. A credit card guarantee will also be honored in lieu of a one night’s deposit. Deposit will be refunded if reservation is canceled and notice received at the hotel no later than 72 hours in advance of your arrival date. Requests received after **September 21, 2008** will be confirmed *on a space availability basis* only and subject to the best rate available at the time of booking. If you have a date change, please notify us immediately.

MAIL, FAX OR EMAIL ALL RESERVATION REQUESTS TO:  
THE HOTEL WILL SEND YOU A CONFIRMATION.

WAIKIKI PARC HOTEL  
ATTN: RESERVATIONS  
2233 HELUMOA ROAD  
HONOLULU, HI 96815  
FACSIMILE: (808) 931-6638  
EMAIL: [reservation@waikikiparc.com](mailto:reservation@waikikiparc.com)

- NOTE:
- 1. Room rate is based on single/double occupancy.
  - 2. Maximum 4 people per room, \$65.00 for additional person over 17.
  - 3. Family Plan – no charge for children 17 and under.
  - 4. State taxes will be an additional 11.962%. (7.25% Occupancy tax and 4.712% State tax)
  - 5. Check-in time is 3:00 p.m. Check-out time is 12 noon.

\*\* ONE RESERVATION FORM PER ROOM. SHOULD YOU REQUIRE ADDITIONAL ROOMS, PLEASE MAKE EXTRA COPIES AS NEEDED. RESERVATIONS MADE WITHOUT THIS FORM WILL AUTOMATICALLY BE CHARGED AT A TARIFF RATE AND WILL NOT BE PROCESSED AS A GROUP BOOKING.

NAME OF GROUP: Les Dames D’escoffier Group

ROOMS BEING HELD BETWEEN: October 21 – 27, 2008

RATE: Run of House @ \$190

A credit card guarantee will also be honored in lieu of a one night’s deposit. If you plan to use a credit card, please indicate:

CARD HOLDER’S NAME: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

Please circle: VI MC AX DC DS JCB CB

ROOM RESERVATION FOR (NAME): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

I WILL SHARE A ROOM WITH: \_\_\_\_\_

ARRIVAL DATE/TIME: \_\_\_\_\_ DEPARTURE DATE: \_\_\_\_\_

PLEASE INDICATE THE TYPE OF ROOM REQUESTED: \_\_\_\_\_ (2) Double Beds \_\_\_\_\_ (1) King Bed

OTHER SPECIAL REQUESTS: \_\_\_\_\_