

**MAUNA KEA BEACH HOTEL
Return Reservation Form**

Aloha! We look forward to welcoming you to the Island of Hawaii and the Mauna Kea Beach Hotel. To help us prepare for your visit, kindly complete the following and return to us no later than **November 6, 1998**. All reservation requests received after this date will be charged the regular published rate and not the special group rate.

GROUP NAME: Voter Contact Services
Annual Meeting

DATES: December 1, 1998 to December 5, 1998

Name: _____
(Please list below the full names of the persons who will accompany you.)

COMPANY: _____

ADDRESS: _____

CITY, STATE, ZIP: _____ **PHONE:** _____

ARRIVAL DATE: _____ **DEPARTURE DATE:** _____

Note: Your rates are special and contracted for this program only. Reservations prior to and after the listed program dates will be confirmed on space available basis. Check-in: 3:00 p.m. / Check-out: 12:00 Noon

Do you wish to reserve the Hotel's shuttle service? Yes No (\$25 per person, one way. Subject to change)

If yes, arrival flight number and name of airline _____ No. of persons _____

Room Categories are limited and based on availability. CATEGORIES NOT GUARANTEED. Please circle your room type preference. Reservations are accepted in order of their receipt.

ROOM TYPE:	MOUNTAIN VIEW	BEACH FRONT	DLX OCEAN VIEW
Single Occupancy (1 person/1 bed)	\$175.00	\$200.00	\$200.00
Double Occupancy (2 persons/ 1 bed)	\$175.00	\$200.00	\$200.00
Twin Occupancy (2 persons/2 beds)	\$175.00	\$200.00	\$200.00

Third Person: No third person charge when using existing bedding. A nightly rollaway charge of \$35 will be applicable when one is requested. [Maximum of three (3) adults]

SPECIAL REQUESTS: _____
(Floor, bedding, etc.)

ONE NIGHT'S DEPOSIT REQUIRED to guarantee your reservation. You may apply to Major Credit Card:

(Name on card) _____ No. _____ Exp. _____

Signature _____

OR enclose check payable to: Mauna Kea Beach Hotel

PLEASE MAIL COMPLETED FORM TO: Attention: Reservations Department
MAUNA KEA RESORT
62-100 Mauna Kea Beach Drive
Kamuela, HI 96743
OR FAX TO: (808) 880-3112

NOTE: Cancellation of reservation must be received by November 6, 1998, in order to receive a refund of your deposit.