

HOUSING FORM

PAGODA HOTEL

Attn: Reservations

1525 Rycroft Street / Honolulu, HI 96814

Toll Free: (800) 367-6060

Telephone: (808) 941-6611

Facsimile: (808) 955-5067

E-Mail: reservation@hthcorp.com

Program Name: AAMAS INTERNATIONAL CONFERENCE

Program Dates: May 13-18, 2007

Use this form to mail or fax in reservations; or call Pagoda Hotel Reservations at (800) 367-6060 OR (808) 923-4511, please make sure to mention to AAMAS INTERNATIONAL CONFERENCE guarantee rate and block room space. Reservation requests must be received by April 13, 2007 or will be subject to hotel availability.

Name: _____
(Last) (First) (M.I.)

Address: _____

(City) (State) Zip (Country)

Daytime Phone: _____ **Facsimile:** _____

Arrival: _____ Time: _____ am pm / **Departure:** _____ Time: _____ am pm
Date Date

Sharing With: _____ / _____ / _____
(Last) (First, M.I.) (Last) (First, M.I.) (Last) (First, M.I.)

Room Only Rate: **\$110.00** per night, per room for run-of-house accommodations.
NET, non-commissionable, applicable for single – double occupancy.

Additional Person Charge: \$25.00 **Tax:** 11.96% subject to change

Family Plan: No charge for children 18 and under occupying the same room with parents unless additional bedding is requested.

Guarantee: A one night's room rate deposit is required to guarantee this hotel reservation. Credit cards will be charged with one night's room rate plus tax upon receipt of Housing Form. Please make check or money order payable to Pagoda Hotel, or provide credit card information:

Method of Payment: Check Credit Card

Credit Card Holder:

- Visa MasterCard Amex Discover
- Carte Blanche Diners Club Japan Credit Bureau

Card Number: _____ Expiration Date: _____

Signature: _____

Cancellation Policy: Deposit will be forfeited if cancellation is not received 72 hours prior to confirmed arrival date.

Hotel check-in time is 3:00 p.m. Check out time is Noon. Specific accommodations cannot be guaranteed. Requests for Suites must be made directly with the Hotel.

PLEASE COMPLETE AND RETURN THIS FORM TO THE ADDRESS ABOVE