



PAN PACIFIC SURGICAL ASSOCIATION
January 13 – 17, 2006
Honolulu, Hawaii

SHERATON WAIKIKI HOTEL

Run-of-House @ \$185
Run-of-Ocean @ \$205

ROYAL HAWAIIAN HOTEL

Garden View @ \$205
Tower Ocean @ \$270

Room rates are subject to the current 11.41% Hawaii State and room tax. Above rates apply to both single and double occupancy. Triple rate is \$55 additional daily at the Sheraton Waikiki and \$85 additional daily at the Royal Hawaiian. No additional charge for children 17 years and younger using existing bedding and sharing the same room with parents. (Please advise ages of children). Rates are non-commissionable. Room rates quoted will be honored five days before and five days after the main group dates, based on availability, to accommodate pre and post stay.

Please mail or fax in the attached form OR book your reservations on line. A credit card guarantee OR a one night deposit (check or money order) will be required. At thirty (30) days prior to the arrival date of the group, **December 8, 2005**, the hotel will cancel all reservations without a credit card guarantee or deposit. Reservation requests received after the 30-day cutoff will be confirmed at the group rate on a space available basis only. Deposit will be refunded if reservations are canceled and notice received at the hotel **SEVENTY TWO (72)** hours prior to arrival date. Check in time is 3:00 p.m. / Check out time is 11:00 a.m.

Mail to: The Reservations Center
SHERATON WAIKIKI HOTEL
2255 Kalakaua Avenue, 38TH Floor
Honolulu, HI 96815
Fax: (808)921-4697

OR: Book your reservation on our
INTERNET site:
<http://register.sheraton-waikiki.com>
Password: **"PACSURGICAL"**

PAN PACIFIC SURGICAL ASSOCIATION
RESERVATION FORM
January 13 – 17 , 2006

PLEASE PRINT OR TYPE:

Name: _____ Phone: (____) _____ Fax: (____) _____

Address: _____ Email: _____

City: _____ State _____ Country _____ Zip Code: _____

Hotel: _____ Room Category: _____ Room Rate: _____ # of pax: _____

Arrival Date: _____ Time & Flt: _____ Departure Date: _____ Time & Flt: _____

SPECIAL REQUESTS: _____

CREDIT CARD GUARANTEE

Circle one: American Express / Carte Blanche / Diners Club / Mastercard / VISA / Discovers Card

Account no: _____ Expiration date _____

Name on Card _____ Signature: _____

If paying by check, please make checks payable to the SHERATON WAIKIKI HOTEL or ROYAL HAWAIIAN HOTEL. After this form has been submitted, please notify The Reservations Center with any changes at (808)921-4611 for the Sheraton Waikiki or (808)921-4621 for the Royal Hawaiian Hotel.