

Booking Date _____
(Hotel use only)



Confirmation #: _____
(Hotel use only)

RESERVATION INFORMATION

King Kamehameha's Kona Beach Hotel
Attn: Reservations Department
75-5660 Palani Road, Kailua-Kona, Hawaii 96740
Toll-Free: 800.367.2111 / Direct: 808.329.2911 / Facsimile: 808.329.4602 / email: reservations@konabeachhotel.com

**HIBT 2011
PROGRAM DATES: July 19th – August 4, 2011**

Please complete this form, provide method of payment and mail, fax or email to the Reservations Department to guarantee your reservation. Reservation requests must be received by June 19, 2011 or be subject to hotel availability.

GUEST NAME: _____
(Last) (First) (M.I.)

BILLING ADDRESS: _____

Daytime Phone: _____ (City) (State) (Zip Code) (Country)
Facsimile: _____ Email: _____

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

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

- Room Only Rate:** \$119.00 per night per room for Traditional Standard accommodations
 \$149.00 per night per room for Partial Ocean View accommodations
 \$209.00 per night per room for Ocean Front accommodations

- Room & Breakfast for Two:** \$149.00 per night per room for Traditional Standard accommodations
 \$179.00 per night per room for Partial Ocean View accommodations
 \$239.00 per night per room for Ocean Front accommodations

**** RESERVATIONS; PLEASE BLOCK ROOMS TOGETHER****

Additional Person Charge: \$35.00 Room Only and \$50.00 Room & Breakfast Package. Tax: 14.42% subject to change

All rates are based on a daily basis with existing bedding. 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 plus the tax is required to guarantee this hotel reservation.

Method of Payment:

Check Please include check or money order payable to: **King Kamehameha's Kona Beach Hotel** and mail to
King Kamehameha's Kona Beach Hotel
Attn: Reservations Department
75-5660 Palani Road, Kailua-Kona, Hawaii 96740

Credit Card
Please attach a photocopy (front and back) of the credit card with a photo ID of cardholder.

- Visa American Express Discover Japan Credit Bureau
 Diners Club MasterCard Carte Blanche

Name on card | Card Number | Exp Date

Authorized Signature** | Date

****I authorize King Kamehameha's Kona Beach Hotel to charge this credit card the entire stay, room and 14.42% tax in the amount of \$_____ USD.**