

**HOTEL RESERVATION FORM (must use this form)**  
**Hyatt Regency Waikiki Hotel**  
**May 25-30, 2003**

Hyatt Regency Waikiki Hotel is the official venue for the Conference. If making your reservation without this form, you must indicate that reservations are for the *ISOPE Conference*. In order to have your room guaranteed, this reservation form with **one (1)** night's deposit must be received **via either fax or mail** only and no later than **April 26, 2003** by:

**Group Reservations (ISOPE-2003)**  
**Hyatt Regency Waikiki**  
**2424 Kalakaua Avenue**  
**Honolulu, Hawaii 96815, USA: Fax: +1-808-923-7839**  
First (Fore)

Surname: \_\_\_\_\_ & Middle: \_\_\_\_\_

Circle: Male Female; Title Mr. Ms. Mrs. Prof. Dr. \_\_\_\_\_

Company: \_\_\_\_\_

Address \_\_\_\_\_

Country \_\_\_\_\_ Postal (ZIP) Code \_\_\_\_\_

Fax No. \_\_\_\_\_

Arrival: May \_\_\_ Time \_\_\_\_; Depart.: \_\_\_\_\_, Time \_\_\_\_

Room Choice*:	Single/Double	No. of Rooms (and Circle One)
<input type="checkbox"/> City view	\$125	___ Sgl / Dbl / ___ Twin**
<input type="checkbox"/> Mountain view	\$140	___ Sgl / Dbl / ___ Twin**
<input type="checkbox"/> Ocean view	\$155	___ Sgl / Dbl / ___ Twin**
<input type="checkbox"/> Deluxe Ocean	\$195	___ Sgl / Dbl / ___ Twin**

\* Rates are subject to local room tax of 11.416% (subject to change). If your 1st choice is consumed, your reservation will be automatically placed in the next available room category and rate. Ocean category reservation requests will be confirmed based on availability. Add \$35 each (or \$50 Regency Club) per night for 3<sup>rd</sup> and 4<sup>th</sup> adults occupying a room.

\*\* Name of the person to share: \_\_\_\_\_

**Advance Deposit and Methods of Payment.** Please enclose **one (1)** night's deposit plus tax per room. Cancellations received within 72 hours to arrival and no-shows will be assessed **one (1)** nights room and tax charges.

I am enclosing an international money order or check of \$ \_\_\_\_\_ in U.S. Dollars drawn on a U.S. bank, payable to Hyatt Regency Waikiki.

I authorize a charge of \$ \_\_\_\_\_ to my credit card (*circle one*):

Visa   MasterCard   Discover   Carte Blanche  
Diner's Club   American Express   JCB

Credit Card no. : \_\_\_\_\_

Name on the card: \_\_\_\_\_ Exp. Date : \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 2003

**Copy, Complete, and Send This Form With One-Night's Deposit**  
**Directly to** Hyatt Regency Waikiki as addressed above.  
**Reservation by either fax or air mail only**  
Reservation after **April 26** is subject to room availability.