

THE WESTIN

MAUI
RESORT & SPA
KA'ANAPALI

US Japan Symposium 2019

The Westin Maui Resort & Spa
2365 Ka'anapali Parkway
Lahaina, HI 96761
(808) 667-2525

_____ Run of House view @ \$230.00++ Single/Double Occupancy

_____ Ocean view @ \$255.00++ Single/Double Occupancy

A daily resort charge of \$30.00 plus tax will be posted to each individual guest folio for a variety of amenities and services.

Single or Double Occupancy

Room rates are subject to the current 14.416% Hawaii State and room tax. Above rates apply to both single and double occupancy. **The Westin Maui Resort & Spa Hotel Triple rate is \$80.00 additional daily.** 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 three days before and three days after the main group dates, based on availability, to accommodate pre and post stays.

Please fill out the form below, call our Central Reservations office, or use our Conference website to make your reservation. A deposit equal to two (2) nights is required to hold each reservation. Such deposit shall serve to confirm the reservation for the dates indicated and upon check-in, shall be applied to the guest folio of the reserved stay. These deposits paid by individuals are refundable if notice is received by Hotel at least (30) days prior to arrival and a cancellation number is obtained. All deposits shall be charged at the time of reservation. Individuals with guaranteed reservations who fail to arrive (no show) on the confirmed date will be charged for their entire stay.

Check in time is 4:00 p.m. / Check out time is 11:00 a.m.

Mail or fax to: *Group Reservations*
THE RESERVATIONS CENTER
2255 Kalakaua Avenue-38th Flr
Honolulu, HI 96815
Fax: (808)921-4696

OR: *Call our Central Reservations Office*
at (866)716-8112 or (808)921-4651

US Japan Symposium 2019 RESERVATION FORM December 13, 2019 – December 21, 2019

PLEASE PRINT OR TYPE:

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

Address: _____ Email: _____

City: _____ State _____ Country _____ Zip Code: _____

Email address: _____

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 WESTIN MAUI RESORT & SPA. After this form has been submitted, please notify The Reservations Office immediately with any changes at (808)921-4651.