## Japan-US Operator Algebra Seminar January 24 – February 3, 2007

## HOTEL RESERVATION FORM (One Form Per Room)

Please submit this reservation form no later than **December 24, 2006** to guarantee your reservation.

Name(s):		
Address:		
City:	State:	Zip Code:
Office Phone:	Но	me Phone:
Arrival Date:	Est. time of Arrival (to hotel):	Departure Date:
Number of Adults:	Number of Children:	Ages of Children:
Special Requests:		
150 Kapahulu	Queen Kapiola Avenue • Honolulu, HI 96815 • Phone	ani Hotel : (808) 922-3861 • www.queenkapiolani.com
	_\$79.00 / Deluxe Hotel Room – (	1-4 persons w/existing bedding)
\$8	35.00 / Ocean View Hotel Room	– (1-4 persons w/existing bedding)
Bedding	Request (circle one): One	King Bed or Two Double Beds
Check if red	quired: Rollaway Bed @ \$30/	day Crib @ \$30/day
Please advise your pro	eference (circle one): Smoking l	Room Non-Smoking Room No Preference
0 11		t basis only and are not guaranteed. The hotel will dates are subject to 11.416% taxes.
unds in the amount of a one	night's payment (please make the	ervation, please mail a check or money order in US check payable to the Queen Kapiolani Hotel) along ons Office, 175 Paoakalani Avenue, Honolulu, HI
	g reservations to a credit card. The	e accept all major credit cards. Please complete the nis reservations form can be faxed to (808) 924-1982
ype of Card:	Card Number:	Exp. Date:
ardholder:	Sig	gnature:
		any cancellations received within 72 hours prior to

Please call our reservations office at (800) 367-2317 or (808) 922-4671 or visit our website at <a href="www.queenkapiolani.com">www.queenkapiolani.com</a> should you have any questions or require additional information.