IEEE Ultrasonics Symposium October 4, 2003 through October 10, 2003

HILTON HAWAIIAN VILLAGE ROOM RESERVATION REQUEST

Ms. Mrs. Mr.			No. of P	ersons:
Arrival Date:Check-in time: 2:00pm /	Time:	AM/PM		ure Date:
CIRCLE RATE DESIRE	D: * (rates are for single	or double oc	cupancy)	
	Garden View Ocean			\$158.00 \$199.00
	onal Person(s) - (Third ren under 18 Free in s			\$30.00 per person
All rates are plus 7.25%	-lotel Occupancy Tax aเ	nd 4.16% Hav	vaii Excis	e Tax (Total 11.41% Tax).
If sharing, please give na	me of other person			·
☐ Check here for Acce	ssible Accommodation			
To make a reservation by	y telephone, call 1-800-ł	HILTONS (1-8	300-445-8	3667)
		_		ests will be fulfilled on a "first come, ill be confirmed in the next higher
Confirmation to be maile	d to: (Please print or ty	ype)		
Name		Τe	elephone	:()
Affiliation		_,	ax: ()	
Address				
City		State		Zip
September 4, 2003. A within 72 hours of arrival 11.41% Hawaii state tax	fter this date, reservation date will be assessed at a After check-in, any arge. Please send a	on will be sub a "late cancell departure p check or mo	ject to availation" char ation" char rior to th	eposit and received no later than vailability. Cancellations received arge of a one night room rate plus ne stated departure date will be r payable to the Hilton Hawaiian
Visa ☐ Mas	tercard	can Express		Other
Credit Card Number:			E	xpiration Date:
_	N HHONORS MEMBE			