



**RESERVATION REQUEST FORM FOR
SYMMETRIES IN MANY BODY PHYSICS
February 16 - 21, 1999**

Name (s): _____ Telephone: Day: _____
 Gold Passport Number: _____ Evening: _____
 Address: _____ Fax: _____

Category Offered: Run of House at \$168.00 plus 11.416% tax per night
 Number of Rooms: _____

Arrival Date: _____ (2nd, 3rd, & 4th Adults per room in any category will be
Departure Date: _____ assessed a charge of \$35.00 plus tax, per day, per person.)
 Number of Guests: Adults: _____
 Check-in time is 3:00pm
 Check-out time is 12:00pm
 Children: _____

Reservations must be received prior to, January 16, 1999 or before the group block is filled to assure accommodations. All reservations are accepted on a space available basis; a maximum number of rooms are reserved in each category. Should your first choice be consumed, the next available category and rate will be reserved for you. A confirmation of accommodations will be mailed to you.

Pre/post convention rates: The group rate confirmed for your main convention dates of, February 16 - 21, 1999 will be honored for three (3) days prior and three (3) days after these main dates. Therefore, we will honor the group rate for all reservations from, February 13 - 24, 1999, subject to availability. Rooms reserved outside of these dates will be confirmed at the published rate.

Cancellation Policy: Cancellations received within thirty (30) days and no-shows will be assessed a one (1) night cancellation charge.

Payment of a one (1) night deposit per room, including 11.416% tax, must accompany this form. Please select type of payment below:

American Express: VISA: Master Card:
 Diners Club: Discover Card:

Account Number: _____
 Expiration date: _____
 Check/Money Order enclosed in the amount of: _____
 I authorize the Hyatt Regency Waikiki to charge my account for a one (1) night deposit per room, including 11.416% tax.
 Name as it appears on credit card: _____
 Credit card billing address: _____

Signature: _____

• If paying by credit card, please fax or mail your completed Reservation Request Form to:

Hyatt Regency Waikiki
 Group Reservations
 2424 Kalakaua Avenue
 Honolulu, HI 96815
 Fax: 808-923-7839

• If paying by check or money order, please mail your completed Reservation Request Form with payment to:

Hyatt Regency Waikiki
 Accounts Receivable
 P.O. Box 31000
 Honolulu, HI 96849-5042