

## Western Conference: 2009 Leadership Conference

### Grand Wailea Resort

3850 Wailea Alanui, Wailea, Maui, Hawaii 96753 PHONE: (808) 875-1234 FAX: (808) 874-2442

The Grand Wailea Resort is located 35 minutes from the Kahului Airport and is a 20-minute flight from Honolulu.

**CONFERENCE DATES:** Sunday, September 27 through Wednesday, September 30, 2009

**GROUP ROOM RATES: Run of House \$275**

This group room rate will be honored three days before and after the conference dates based on availability. The room rate is for single or double occupancy and is subject to applicable taxes and surcharges, including an 11.416% accommodation tax, \$3 daily housekeeping gratuity, \$20 daily resort charge, and a one-time \$10 per person roundtrip portage gratuity. There is no charge for children under 18 sharing a room with their parents and using existing beds. The maximum occupancy is four guests per room.

**RESERVATION DEADLINE: August 1<sup>st</sup>.** To try to accommodate all conference participants, HMSA has reserved a large block of rooms. However, we strongly suggest making reservations as early as possible since the reserved room block may sell out. Reservations received after the room block is sold out are subject to availability; all reservations require a corresponding paid registration for the 2009 Leadership Conference as well. **ALL ROOM RESERVATIONS AT THE CONFERENCE HOTEL MUST BE MADE WITHIN THE HMSA ROOM BLOCK USING THIS FORM OR THE APPROVED INDIVIDUAL FORM.**

**GUARANTEE, PAYMENT AND CANCELLATION POLICY: A credit card is required to secure your reservation(s).** A 2 night deposit plus tax is required at time of booking. If you choose to pay by check, a check to cover the deposit for each room reserved must be received by the hotel by **August 1st**. Please send check payments "Attention Room Reservations." If a check deposit is not received, the 2 night deposit for each room reserved will be charged to the guaranteeing credit card on **August 1st**.

There will be no refunds for cancellations made after **September 1st** and no refunds for early departures or no-shows. **Always** obtain a cancellation number to ensure the release of your obligation. Name substitutions will be accepted. HMSA is responsible to the hotel for any unsold rooms and must enforce this cancellation policy. All reservation changes must be received by the hotel in writing.

**TO MAKE RESERVATIONS:** Please read Guarantee, Payment and Cancellation Policy above. Complete this form and fax it to (808) 874-2442 or mail to Grand Wailea Resort at address shown above. Confirmation will be e-mailed or faxed from the hotel to the contact listed within 3 days of receipt of this form. *For reservation questions/changes, please e-mail [shayna.jago@grandwailea.com](mailto:shayna.jago@grandwailea.com).* **PLEASE FILL IN ON SCREEN, TYPE OR PRINT CLEARLY.**

Contact Person:

Title:

Plan Name:

Address:

City/State or Province/Postal Code:

Phone:

Fax:

E-mail Address:

Credit Card Type:

Account #:

Exp. Date:

Name on Card:

Signature:

Full stay to be paid by: ( ) Guaranteeing Credit Card ( ) Check (must be received by **August 1, 2009**)

No. of rooms needed: \_\_\_\_ ( ) Actual names and room preferences provided on attached page(s)  
( ) Hold rooms in name of contact person. Complete one section on next page to provide arrival and departure, room choice and preferences. (Provide all names and changes by **September 1, 2009.**)

*Please copy this page if more than five rooms are needed.*

Contact Person:

Plan Name:

**2009 Leadership Conference – Grand Wailea Resort Reservation Form (continued)**

**CHECK IN IS AFTER: 3:00 PM – CHECK OUT: NOON**

**Room Choice:** ( ) *Run of House \$275*

Reserve Room For:

E-mail address:

# of Adults in Room:

# of Children in Room:

Arrival Date: Time:

Departure Date: Time:

Preferences: ( ) King ( ) Two Beds All rooms are non-smoking

( ) Accommodations with disabled access Other:

**Room Choice:** ( ) *Run of House \$275*

Reserve Room For:

E-mail address:

# of Adults in Room:

# of Children in Room:

Arrival Date: Time:

Departure Date: Time:

Preferences: ( ) King ( ) Two Beds All rooms are non-smoking

( ) Accommodations with disabled access Other:

**Room Choice:** ( ) *Run of House \$275*

Reserve Room For:

E-mail address:

# of Adults in Room:

# of Children in Room:

Arrival Date: Time:

Departure Date: Time:

Preferences: ( ) King ( ) Two Beds All rooms are non-smoking

( ) Accommodations with disabled access Other:

**Room Choice:** ( ) *Run of House \$275*

Reserve Room For:

E-mail address:

# of Adults in Room:

# of Children in Room:

Arrival Date: Time:

Departure Date: Time:

Preferences: ( ) King ( ) Two Beds All rooms are non-smoking

( ) Accommodations with disabled access Other:

**Room Choice:** ( ) *Run of House \$275*

Reserve Room For:

E-mail address:

# of Adults in Room:

# of Children in Room:

Arrival Date: Time:

Departure Date: Time:

Preferences: ( ) King ( ) Two Beds All rooms are non-smoking

( ) Accommodations with disabled access Other:

*While every effort will be made to accommodate all requests, bed type is not guaranteed.*