



Hotel Reservation Form

AMERICAN CRYSTALLOGRAPHIC ASSOCIATION

July 22 – 27, 2006, Honolulu, Hawaii

SHERATON WAIKIKI HOTEL

ROOM RATES FOR ACA MEETING ATTENDEES

City view room	\$145 per night plus tax
Mountain view room	\$170 per night plus tax
Run-of-Ocean room	\$185 per night plus tax

Triple rate at the Sheraton Waikiki is \$55 additional daily. Quad rate is \$110 additional daily. No additional charge for children 17 years and younger sharing the same room with parents, using the existing bedding. (Please advise ages of children). All room rates are subject to the current 11.41% Hawaii State and room tax. 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.

HOTEL RESERVATIONS MUST BE MADE BY JUNE 13, 2006. Please fill out the form below with a credit card guarantee OR a one night deposit (check or money order). At thirty (30) days prior to the arrival date of the group (June 20, 2006), the hotel will cancel all reservations without a credit card guarantee or deposit. Reservation requests received after the 30 day cutoff will be confirmed based on space/rate availability only. Deposit will be refunded if reservation is cancelled and notice received at the hotel seventy-two (72) hours prior to arrival date.

Check in time is 3:00 p.m. / Check out time is 11:00 a.m.

Mail: Group Reservations
THE RESERVATIONS CENTER
2255 Kalakaua Avenue-38th Flr
Honolulu, HI 96815
Fax: (808)921-4697

On-line:
www.starwoodmeeting.com/Book/Crystal

Call: Sheraton's toll free number
at 1(800)782-9488
Ask for group ID#: 39347

AMERICAN CRYSTALLOGRAPHIC ASSOCIATION

July 22 – 27, 2006

RESERVATION FORM

Group ID#: 39347

PLEASE PRINT OR TYPE:

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

Address: _____ **Email:** _____

City: _____ **State:** _____ **Country:** _____ **Zip Code:** _____

Room Category: _____ **Rate:** _____ **No. of Persons:** _____

Arrival Date: _____ **Departure Date:** _____ **Arrvl Time & Flt:** _____ **Departure Time & Flt:** _____

Special Requests: _____

CREDIT CARD GUARANTEE

Circle one: American Express / Carte Blanche / Diners Club / Mastercard / VISA / Discover Card

Account no: _____ **Expiration date:** _____

Name on Card: _____ **Signature:** _____

If paying by check, please make check payable to the SHERATON WAIKIKI HOTEL.

Note: After this form has been submitted, please notify The Reservations Center at (808)921-4611 with any changes.