



# THE TRADEWINDS HOTEL RESERVATION FORM

Ottoville Road P O Box 999 Pago Pago American Samoa 96799

TEL: (+1 684) 699-1000 FAX: (+1 684) 699-1010 EMAIL: info@tradewinds.as

### IMPORTANT NOTICE

**DEADLINE: Final Day for reserved rooms is July 31, 2009, after July 31, booking will be subject to availability and normal room rates.**

### ROOM RATES:

(All room rates are in USD Dollars and includes all local and national room taxes, tropical breakfast daily)

Type of Room	No. of Rooms	Normal Room Rates	Conference Rate before by July 31	Tick ( ✓ ) your Preference
TWIN ROOM (2 double beds)	19	USD\$149	USD\$125	
KING ROOM (1 King Bed)	26	USD\$149	USD\$125	
DELUXE SUITE (1 Double bed + lounge)	45	USD\$165	USD\$132	
PLAZA SUITE (2 rooms - 1 King Bed, big lounge) - can fit 3-4 people – convert lounge to sleep 2 on 2 roll-away beds	8	USD\$240	USD\$240	

NAME: \_\_\_\_\_ SHARE WITH: \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_ POST CODE \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FASCIMILE: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SPECIAL REQUESTS: \_\_\_\_\_

ARRIVAL DATE: \_\_\_\_\_ FLT # & TIME: \_\_\_\_\_

DEPARTURE DATE \_\_\_\_\_ FLT # & TIME: \_\_\_\_\_

- Check-In time is 2:00pm Check-Out time is 12.00 noon
- Any booking made after the deadline of July 31, 2009 will be subject to availability and normal Hotel rates.
- If early check-in must be guaranteed, the room must be pre-booked and prepaid at least one (1) day prior to arrival.

**CANCELLATION POLICY:** Cancellation must be received 24 hours prior to arrival to avoid a cancellation fee of one night's revenue.

**NO SHOWS:** Full charges will be made for all No Shows.

*Reservations will not be confirmed without credit card guarantee or deposit*

**CREDIT INFORMATION:** We accept American Express, VISA, MasterCard,

**TYPE OF CARD** \_\_\_\_\_ **CARD NUMBER** \_\_\_\_\_

**CARDHOLDER NAME** \_\_\_\_\_ **EXPIRATION** \_\_\_\_\_

**BILLING ADDRESS** \_\_\_\_\_

<p><b>FOR HOTEL USE ONLY</b></p> <p><b>Confirmation No.:</b> _____</p> <p><b>Category Confirmed:</b> _____</p> <p><b>Room Rate:</b> _____</p>
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**Please return this form and one-night's deposit to:**

**Tradewinds Hotel**  
**PO Box 999, Pago Pago, American Samoa 96799**  
**Tel: +1 684 699-1000, Fax: +1 684 699-1010**  
**Email: [info@tradewinds.as](mailto:info@tradewinds.as)**  
**Website: [www.tradewinds.as](http://www.tradewinds.as)**