

HILTON WILMINGTON RIVERSIDE RESERVATION CARD

<p>GROUP CODE: AOW GROUP NAME: American Oat Worker's Conference</p> <p>Will Arrive on _____ at <u>4:00 pm</u> Day Date Time</p> <p>Will Depart on _____ at <u>11:00 am</u> Day Date Time</p> <p><i>Note:</i> Submit only <u>one</u> reservation card per room required. If more than one person will occupy a room, list additional name(s) below. Group rooms and rate will be held until 4/3/2002. After this date, reservations will be accepted on a space and rate available basis only. A limited number of rooms have been blocked for your group at this rate. Rate is subject to change once these rooms are filled. All reservations will be taken on a first-come, first-serve basis. DO NOT DUPLICATE THIS RESERVATION BY PHONE. CHECK-IN TIME IS 4:00 PM. CHECK-OUT TIME IS 11:00 AM.</p> <p style="text-align: center;"><i>(PLEASE PRINT)</i></p> <p>_____ Name ()</p> <p>_____ Street Address Phone No.</p> <p>_____ City State Zip Code</p> <p>_____ Company</p> <p>_____ Name(s) of additional person(s) sharing room.</p>	<p><u>Please Check Requested Room Type & Rate:</u></p> <p>No. of People: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p> <p style="text-align: center;"><i>There is a \$10.00 charge for each additional person over two per room.</i></p> <p><input type="checkbox"/> Non-Smoking <input type="checkbox"/> Smoking</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>ROOM TYPE</u></th> <th style="text-align: left;"><u>*RATE</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 2 Double Beds</td> <td>\$99.0</td> </tr> <tr> <td><input type="checkbox"/> King</td> <td>\$99.0</td> </tr> <tr> <td><input type="checkbox"/> GTD River</td> <td>\$</td> </tr> </tbody> </table> <p><i>* Does not include 9.5% tax</i></p> <p>Accommodations must be guaranteed with a check or major credit card for the first night's stay. You will be charged for one night if cancellations are not made at least 72 hours prior to arrival.</p> <p style="text-align: center;">I wish to guarantee my accommodations by: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card</p> <p>_____ Name on Card:</p> <p>_____ Type of Card:</p> <p>_____ Card Number:</p> <p>_____ Expiration Date:</p> <p>_____ Signature:</p>	<u>ROOM TYPE</u>	<u>*RATE</u>	<input type="checkbox"/> 2 Double Beds	\$99.0	<input type="checkbox"/> King	\$99.0	<input type="checkbox"/> GTD River	\$
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PLEASE RETURN VIA FAX AT 910-343-6145.

FOR MORE INFORMATION, PLEASE SEE OUR WEB SITE
www.wilmingtonhilton.com