ASSOCIATION FOR COMPUTER MACHINERY/SIGSOFTMODELS 2005 CONFERENCE
OCTOBER 2 – 7, 2005

RESERVATION FORM

FULL NAME:- ______________________________________________________________

TITLE: ____________________________ COMPANY: _____________________________

ADDRESS:- _______________________________________________________________

CITY: __________________ STATE:___________ ZIP:- ______________________

TEL #: _______________________________ FAX:- _____________________________

E-MAIL:- _______________________________________________________________

ROOM MATE (if applicable):- ________________________________________________

DATE OF ARRIVAL: ____/____/2005 FLIGHT ARRIVAL: _______________________

DD  MM

DATE OF DEPARTURE:____/____/2005 FLIGHT DEPT: _________________________

DD  MM

NO. OF NIGHTS: ______ NO. OF PERSONS: ______ NO. OF ROOMS: _______

SPECIAL REQUESTS:- _______________________________________________________

__________________________________________________________________________

ROOM CATEGORY: Royal Villa Rooms/Superior Rooms

ROOM RATES: Room Only Rate

US$130 – single
US$173 - double

• Rates are subject to 16.25% tax and service charge
• Rates are applicable 3 days pre/post the main group dates. Regular rack rates will apply for longer stays
• CHECK-IN TIME: - 3:00 P.M  
• CHECK-OUT TIME: - 12 NOON

DEPOSIT REQUIREMENTS:
To guarantee your reservation please return the completed reservation form by September 10, 2005 with a 2-night payment for each room or a credit card to guarantee the reservation. Reservation requests received after September 10, 2005 will be granted based on space available basis and the rate will be based on the category of room available.

METHOD OF PAYMENT
CREDIT CARD
AMEX □  VISA □  MASTER CARD □  DINERS □  KEY CARD □

CARD NO:-_______________________________ EXP. DATE:- _______________________

NAME ON CARD:- _________________________________________________________

BILLING ADDRESS:-  _______________________________________________________

SIGNATURE:-  _____________________________________________________________

CANCELLATION: -
Should your travel plans change, please advise us in writing. Cancellations received after September 10, 2005 will attract a 1-night penalty. Cancellation received on/after September 29, 2005 or “no show” will attract a 3-night penalty. We strongly recommend that your purchase trip insurance to cover any unforeseen circumstances and protect against loss of your deposit.

PLEASE RETURN COMPLETED FORM TO:
FAX: 876-953-2731
EMAIL: jsamms@halfmoon.com

CONTACT: Jodey Samms
Phone: 876.953.2211 ext. 6941

For more information on Half Moon please visit us on the Internet at
www.halfmoon.com.jm