

* Book your reservation on-line using the Interactive site at www.calbar.ca.gov/annualmeeting

Hotel Reservation Form

THE STATE BAR OF CALIFORNIA - 2004 ANNUAL MEETING | MONTEREY, CALIFORNIA - OCTOBER 7 - 10, 2004

DEADLINE > Reservations must be received by September 7, 2004.

Name: _____

Phone: _____ Fax: _____ E-mail: _____

Address: _____

City, State, Zip: _____

Please use one form per room.

Arrival Date: _____ Departure Date: _____

ROOM RATES

HOTEL	Circle preferred room rate	Indicate preference (1-4)
	SINGLE or DOUBLE OCCUPANCY	HOTEL PREFERENCE
Portola Plaza Hotel (formerly DoubleTree)	\$205.00	
Hotel Pacific	\$230.00	
Hyatt Regency Monterey	\$188.00	
Monterey Marriott Hotel	\$191.00	

10% state, city and room tax must be added to above rates.

List additional room occupants. (Please state ages of children.) _____

SPECIAL REQUESTS Handicapped-accessible room Roll away bed (additional charge may apply)

- All reservations will be processed on a first-received, first-served basis through the Monterey County CVB. Please do not contact the hotels directly.
- Phone Reservations Will Not Be Accepted.
- All reservations must be in writing and received before September 7, 2004.
- Deposit: Reservations must be guaranteed by providing a major credit card or deposit of one night's room rate plus sales tax, in U.S. funds, by personal check, bank draft or certified check made payable to Monterey County CVB.
- Reservations NOT GUARANTEED with a deposit may be subject to cancellation.
- CANCELLATIONS and CHANGES to your reservation must be done through the Monterey County CVB on or before September 14, 2004. Cancellations or changes after that date must be made directly to the hotel.**
- The advance deposit of one night's room and tax will be forfeited if reservations are cancelled within seven (7) days of arrival.
- The Monterey County CVB will send a room acknowledgment via email.
- Hospitality Suites (refer to the General Information Section of the **Preview**).
- A small portion of your room rate will be applied to the shuttle bus cost.

PAYMENT

American Express Discover MasterCard Visa

Credit Card #: _____ Expiration Date: _____

Cardholder's Signature: _____ Name as it appears on the card: _____

Please fax completed form to: (831) 648-5373 or if you have questions call (800) 555-6290 ext. 6417 or (831) 657.6417.

Check Enclosed

Mail checks to: Monterey County CVB (Convention & Visitors Bureau)
Housing Department
P.O. Box 1770
Monterey, CA 93942-1770