



# Hilton

## Oceanfront Resort Hilton Head Island

Ask for Group Code: **GAS**

Telephone: 1-866-625-2496

Fax: 843-341-8036

Return Fax Number for Confirmation: \_\_\_\_\_

Email Address: \_\_\_\_\_

ORGANIZATION/EVENT  
**2009 GSMA ANNUAL CONFERENCE**

DATES: **Tuesday, June 2 – Sunday, June 7, 2009**

REQUESTS MUST BE RECEIVED BY: **Sunday, May 3, 2009**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ No. of Adults: \_\_\_\_\_ No. of Children: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Arrival Time Expected: \_\_\_\_\_

Month/Date/Year

Month/Date/Year

Sharing Room With: \_\_\_\_\_ Credit Card: AMEX \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Diners/CarteBlanche \_\_\_\_\_ Discover Card \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Date: \_\_\_\_\_ Signature \_\_\_\_\_

### A ONE NIGHT'S DEPOSIT IS REQUIRED FOR CONFIRMATION OF RESERVATION!

PLEASE NOTE: Changes or cancellations must be made at least 7 days prior to arrival date; otherwise the deposit will be non-refundable.

A charge of \$50.00 will be assessed for early departures. **Check-in time after 4:00PM** **Check-out time before 11:00AM**

### PLEASE CHECK PREFERRED ACCOMMODATIONS

- |   |  |
|---|--|
| <input type="checkbox"/> Island View Occupancy: <b>\$ 214.00</b>    | <b>Special Request:</b> Smoking Non-Smoking Crib Rollaway                                  |
| <input type="checkbox"/> Courtyard View Occupancy: <b>\$ 234.00</b> | Parking Fee: <b>\$6.00 per room per day will apply.</b>                                    |
| <input type="checkbox"/> Oceanview Occupancy: <b>\$ 254.00</b>      | After <b>Sunday, May 3, 2009</b> all reservations may be accepted subject to availability. |

If room type in not available, the nearest available room type will be assigned. No additional charge for adults in room (maximum - 4). Rates are subject to applicable taxes. No charge for children 17 and under occupying the same room with parents.

CONFIRMATION # \_\_\_\_\_ DATE CONFIRMED: \_\_\_\_\_ DATE FAXED: \_\_\_\_\_