FINAL CUT-OFF DATE February 2, 2008 (Pacific USA Time Zone)

Reservation Form

Prepared for: ACM (Assn for Computing Machinery)

Group Code: ACM/FPGA2-08

Friday, February 22, 2008 -Saturday, March 1, 2008

Guest Name: _____

Street Address: _____

City: _____ **State or Country:** _____ **Zip/Postal Code:** _____

Telephone: **Home #:** _____ **Work #:** _____ **,Ext** _____

Arrival Date: _____ **Departure Date:** _____
Month / Day / Year Month / Day / Year

Total # of People: _____ **Estimated Arrival Time:** _____

GARDENSIDE SGL/DBL @ $119.00 per night X_____Night(s)
OCEANSIDE SGL/DBL @ $159.00 per night X_____Night(s)
ADDITIONAL PERSON @ $15.00 per night, per room.
Parking: Waived

Room Type (check one): _____Queen _____King _____Double Queen

ARRIVAL/DEPARTURE TIME: Our check-in time is at 4:00pm on your arrival date. Our check-out time is at 12:00pm on your departure date. Should you arrive early, we will try to accommodate you, upon room availability.

GUARANTEED RESERVATION: Your reservation will not be held for the indicated arrival date, unless it has been guaranteed by a valid credit card number: American Express, MasterCard, Visa, Carte Blanche, Diner's Club & Discover.

CANCELLATIONS: If your travel plans change and you cannot stay with us, please cancel your reservation by calling the hotel directly. Notification is required 48 hours in advance of 4:00pm of the date of your arrival to avoid a penalty charge. If you fail to cancel your guaranteed reservation, one night's lodging, including tax, will be charged to your credit card, which you agree to pay. When canceling a reservation, always received a cancellation number to insure the release of your obligation.

IMPORTANT NOTICE: Room rates are confirmed in U.S. currency. Applicable local taxes are 10.05% plus $1 per room night MCTID Assessment Tax, which will be charged in addition to the confirmed room rate. All special requests are subject to availability. Rates above are based on single or double occupancy. **Surcharge of $6.75 per room is applied per night.**

I have read and understand all information above.
Please guarantee the above room reservation to my credit card number listed below.

Credit Card# _____ Expiration: _____

Name on Account: _____

Signature: **X** _____

Please fax this form to (831) 393-1912. Any questions pertaining to your reservation should be directed to the Reservations Department at (800) 242-8627or
Email: reservations@montereybeachhotel.com
BEACH RESORT *Monterey* - 2600 Sand Dunes Drive - Monterey - California - 93940