



Hilton

Oceanfront Resort Hilton Head Island

Ask for Group Code: STA

Telephone: 1-866-625-2496

Fax: 843-341-8036

Return Fax Number for Confirmation: _____

Email Address: _____

ORGANIZATION/EVENT

DATES: **Sunday, June 20, 2010 – Tuesday, June 22, 2010**

SOUTHERN TEXTILE ASSOCIATION JOINT FIBER BUYERS

REQUESTS MUST BE RECEIVED BY: **May 21, 2010**

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 RESRVATION!

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 PREFERED ACCOMMODTIONS

Single/Double Occupancy: **\$ 179.00** **Special Request:** Smoking Non-Smoking Crib Rollaway

After **May 21, 2010** all reservations may be accepted subject to availability.

If room type is 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: _____