

HILTON WILMINGTON RIVERSIDE RESERVATION CARD

GROUP CODE: CVT

GROUP NAME: Carolina-Virginia Telephone Membership Association

Will Arrive on Tuesday 3/7/2006 at 4:00 pm
Day Date Time

Will Depart on Friday 3/10/2006 at 11:00 am
Day Date Time

Note: Submit only one reservation card per room required. If more than one person will occupy a room, list additional name(s) below. **Group rooms and rate will be held until 2/15/2006.** After this date, reservations will be accepted on a space and rate available basis only. A limited number of rooms have been blocked for your group at this rate. Rate is subject to change once these rooms are filled. All reservations will be taken on a first-come, first-serve basis. **DO NOT DUPLICATE THIS RESERVATION BY PHONE. CHECK-IN TIME IS 4:00 PM. CHECK-OUT TIME IS 11:00 AM.**

(PLEASE PRINT)

Name _____ ()

Street Address _____ Phone No. _____

City _____ State _____ Zip Code _____

Company _____

Name(s) of additional person(s) sharing room. _____

On site parking fee \$7.00
Historical Downtown Area

Please Check Requested Room Type & Rate:

No. of People:
 ___ 1 ___ 2 ___ 3 ___ 4

There is a \$10.00 charge for each additional person over two per room.

___ Non-Smoking
 ___ Smoking

ROOM TYPE *RATE

___ 2 Double Beds \$139.00
 ___ King \$139.00
 ___ GTD River \$149.00

** Does not include 13% tax*

Accommodations **must be guaranteed** with a check or major credit card for the first night's stay. You will be charged for one night if cancellations are not made at least **72 hours prior to arrival.**

I wish to guarantee my accommodations by:
 ___ Check ___ Credit Card

Name on Card: _____

Type of Card: _____

Card Number: _____

Expiration Date: _____

Signature: _____

PLEASE RETURN VIA FAX AT 910-343-6124 or CALL TOLL FREE RESERVATION: 1-888-324-8170
 or use www.wilmingtonhilton.com reservations and group code CVT
HOTEL: 910-763-5900 Direct Line