ALO MOANA HOTEL
HONOLULU, HAWAII

GROUP: Standing Committee on Tuna & Billfish - 15th Annual (SCTB15)

DATES: July 20 - 28, 2002

SPECIAL GROUP ROOM RATES
(ROOM RATES ARE PER NIGHT)

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>SINGLE</th>
<th>DOUBLE</th>
<th>TRIPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Waikiki Tower – Mountain View</td>
<td>$89</td>
<td>$114</td>
<td>$114</td>
</tr>
<tr>
<td>*Waikiki Tower – Ocean View</td>
<td>$99</td>
<td>$124</td>
<td>$124</td>
</tr>
</tbody>
</table>

*Two Double Beds/ room

Room rates are subject to General Excise Tax of 4.16% plus Transient Accommodations Tax of 7.25%.

Reservation form must be received by the hotel no later than June 20, 2002. Reservations received after June 20, 2002 are subject to room availability. Room requests for extended dates will be confirmed on space availability basis only, and if confirmed, will be done at the group rate.

A one night’s deposit by U.S. check/money order or (major) credit card information must accompany the reservation request to guarantee the room. Reservations can also be made by phone by calling toll-free (800) 367-6025 (U.S. & Canada), (800) 446-8990 (Neighbor Islands), direct (808) 955-4811/Group Reservations, or by facsimile (808) 944-6839. Reservations may also be made through the Internet at www.alamoanahotel.com (indicate group name in comments section).

Deposits will be refunded if cancellation notice is received 72 hours prior to arrival time.

Adjacent and/or connecting room requests will be confirmed subject to availability only. No charge for children under 18 years of age when occupying room with full paying adult and utilizing existing bedding.

Hotel check-in time is 3:00 PM. Check-out time is 12:00 noon.

---------------------------------------------------------------------------------------------------
DETACH AND MAIL
(1) form per room

GROUP: Standing Committee on Tuna & Billfish - 15th Annual (SCTB15)

DATES: July 20 - 28, 2002

PLEASE PRINT:

NAME: ____________________________________________

ADDRESS: ____________________________________________

ARRIVAL DATE: ____________ TIME: _______ DEPARTURE DATE: ____________ TIME: _______

PHONE: _______________________________ FAX: _______________________________

CATEGORY SELECTED: __________ SGL __________ DBL __________ TPL __________ RATE: __________

SHARING ROOM WITH: _______________________________ SMOKING: __________ NON-SMOKING: __________

CREDIT CARD: ☐ AMEX ☐ MC ☐ VISA ☐ CARTE BLANCHE/DINERS ☐ JCB

ACCOUNT NUMBER: _______________________________ EXP. DATE: _______________________________

CARDHOLDER’S NAME: _______________________________ (Please Print) _______________________________ (Signature)

Deposit of first night’s lodging or credit card guarantee must be included with this form. Credit cards will be charged one night room and tax to guarantee the reservation. Please make check payable to ALA MOANA HOTEL and mail to 410 Atkinson Drive, Honolulu, Hawaii 96814-4722, Attn: Group Reservations.

410 Atkinson Drive • Honolulu • Hawaii 96814-4722 • Phone: (808) 955-4811