

SOLACON ROOM RESERVATION

Please reserve for me a room as checked below for nights of:

Aug. 29 Aug. 30 Aug. 31 Sept. 1

Time of arrival No. in party

Single room	\$ 5.00	<input type="checkbox"/>	\$ 6.50	<input type="checkbox"/>	\$ 8.00	<input type="checkbox"/>
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Double room	6.50	<input type="checkbox"/>	8.00	<input type="checkbox"/>	10.00	<input type="checkbox"/>
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Twin beds	8.00	<input type="checkbox"/>	9.00	<input type="checkbox"/>	10.50	<input type="checkbox"/>
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Will also need: Cot for extra guest Baby crib

Room will be shared by

Name Sex

Address

Club affiliations

Postage
Will be Paid
by
Addressee

No
Postage Stamp
Necessary
If Mailed in the
United States

BUSINESS REPLY ENVELOPE

FIRST CLASS PERMIT No. 20459, LOS ANGELES, CALIFORNIA

Alexandria Hotel

Fifth at Spring

Los Angeles 13, California

