

Ballot Resolution Meetings for:

SC 22 N3435 - Table of Replies for ISO/IEC DIS 23270, C# Language Specification

SC 22 N3436 - Table of Replies for ISO/IEC DIS 23271, Common Language Infrastructure

DTR 23272 - Technical Report on CLI

Note: The Letter Ballot for DTR 23272 closes 2002-07-27 within JTC 1

Meeting schedule for the ECMA/JTC 1 ballot resolution meetings for CLI and C#

Monday 2002/9/30

12:00 - 13:00 Lunch

13:00 - 17:00 Education and Q&A for JTC 1 and ECMA participants

Tuesday 2002/10/01

9:00 - 12:00 DIS 23271 (CLI) Ballot resolution

12:00 - 13:00 Lunch

13:00 - 17:00 DIS 23271 (CLI) Ballot resolution continued

Wednesday 2002/10/02

9:00 - 12:00 DIS 23271 (CLI) Ballot resolution continued

12:00 - 13:00 Lunch

13:00 - 14:00 DTR 23272 (CLI Technical Report) Ballot Resolution

14:00 - 17:00 DIS 23270 (C#) Ballot resolution

Thursday 2002/10/03

9:00 - 11:00 DIS 23270 (C#) Ballot resolution continued

HOTEL RESERVATIONS FORM

MAIL TO: Group Reservations
The Orchid at Mauna Lani
One North Kaniku Drive
Kohala Coast, Hawai'i 96743

RESERVATIONS PHONE: 800-845-9905
FAX TO: 808-885-1064
HOTEL DIRECT: 808-885-2000

ECMA
September 29, 2002 – October 4, 2002

GUEST INFORMATION

(please print)

NAME: _____
first name *last name*

ADDRESS: _____

city *state* *zip*

PHONE: _____ FAX: _____

E-MAIL: _____

RUN OF HOUSE RATE: \$205.00

*Subject to Hawai'i state taxes (currently 11.416), and resort fee (12.50 per night),
Subject to the availability of group rooms. Current portorage rate (\$7.00)*

ARRIVAL DATE: _____ DEPARTURE DATE: _____
check-in time is 3:00 p.m. check-out time is 12:00 noon

ARRIVAL TIME: _____ AIRLINE: _____ FLIGHT NO. _____

DEPARTURE TIME: _____ AIRLINE: _____ FLIGHT NO. _____

NUMBER OF PEOPLE IN ROOM: _____

*There will be an additional charge of \$75.00 per night, plus taxes,
for more than two adults (18 years and older in a room).*

KING BED SMOKING
 DOUBLE BED (2) NON-SMOKING
 ROLLAWAY DISABLED

OTHER SPECIAL REQUESTS: _____
Bedding and other preferences/requests are on a space available basis.

PAYMENT INFORMATION

(A deposit equal to two (2) night's stay is required to hold each individual's reservation)

MasterCard VISA American Express
 Diner's Club Discover Carte Blanche

CARD NUMBER: _____ EXP. _____

NAME ON CARD: _____

authorized signature

CANCELLATION POLICY

Cancellations received within seven (7) days prior to arrival or no shows will require payment equal to the entire length of stay.

We are pleased to extend your special rate for three days preceding and following the official conference dates, based on availability. Reservations must be received by the date noted below. After that date, reservations will be taken on a space available basis at the lowest published room rate.