

14th International Conference on Preimplantation Genetic Diagnosis May, 11–13, 2015, Chicago, USA HOTEL BOOKING FORM

Please fill a	and send the form by e-mail to info@rgipgd.com or fax to +1 847 400 15 16
MR / MRS :	TITLE
LAST NAME :	FIRST NAME
INSTITUTION :	
ADDRESS :	
COUNTRY :	
TELEPHONE :	FAX
E-MAIL :	
HOTEL BOOKING IN	FORMATION
Rahaelo (Conference Hote	el)
Single room	USD 165, per room, per night, not including taxes
Double room	USD 165, per room, per night, not including taxes
Name of Accompanying Perso	n
Check in date	
Check out date	
Number of nights	
Total amount	
CONFIRMATION	
Full payment is required confirmation will be sent	for the accommodation. Upon receipt of the registration forms with the appropriate fees, within one week.
CANCELLATION	
Cancellations prior to De 2014, no refund is possib	cember 31, 2014 will involve the refund of 50% of the total accommodation. After December 31, ble.
PAYMENT OPTIONS	
	VSD: Bank transfer receipt must be sent to mail@rgipgdis.com and the name of the mentioned clearly on the bank receipt. Please note that "all bank charges are to be paid by

Beneficiary : PGDIS Bank : PNC Bank,

the sender".

Account # :603161772 **Address**: 4100 W. 150th Street, Cleveland, OH 44135

Routing number: 072000915 Swift Code: NATCUS33

Credit Card: As per my room reservation request, I hereby authorise my credit card to be debited as follows:		
Total Amount		
Type of the Card (please circle)	MasterCard / VISA / American Express	
Bank		
Cardholder Name		
Credit Card No		
Expiration Date (MM/YY)		
CVV (last 3 digit # at the back of the card)		
Signature		

HOTEL OPTIONS: