



Please fill and send the form by e-mail to mail@rgipgd.com or fax to 001-847-400-1516

MR / MRS	:	<input type="text"/>	TITLE	<input type="text"/>
LAST NAME	:	<input type="text"/>	FIRST NAME	<input type="text"/>
INSTITUTION	:	<input type="text"/>		
ADDRESS	:	<input type="text"/>		
COUNTRY	:	<input type="text"/>		
TELEPHONE	:	<input type="text"/>	FAX	<input type="text"/>
E-MAIL	:	<input type="text"/>		

HOTEL BOOKING INFORMATION

Rahaelo (*Conference Hotel*)

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 Person**

Check in date

Check out date

Number of nights

Total amount

CONFIRMATION

Full payment is required for the accommodation. Upon receipt of the registration forms with the appropriate fees, confirmation will be sent within one week.

CANCELLATION

Cancellations prior to December 31, 2014 will involve the refund of 50% of the total accommodation. After December 31, 2014, no refund is possible.

PAYMENT OPTIONS

Bank transfer in USD: Bank transfer receipt must be sent to mail@rgipgd.com and the name of the participant must be mentioned clearly on the bank receipt. Please note that **"all bank charges are to be paid by the sender"**.

Beneficiary : PGDIS
Account # : 603161772
Routing number: 072000915

Bank : PNC Bank,
Address: 4100 W. 150th Street, Cleveland, OH 44135
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: