

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

| MR / MRS | : | TITLE | |
|-------------|---|------------|--|
| LAST NAME | : | FIRST NAME | |
| INSTITUTION | : | | |
| ADDRESS | : | | |
| COUNTRY | : | | |
| TELEPHONE | : | FAX | |
| E-MAIL | : | | |

HOTEL BOOKING INFORMATION

| Raffaello Boutique Hotel 4 Elegant King Room | | el) <u>http://chicagoraffaello.com</u> night, not including taxe | | | |
|---|---|---|-------------------|-------------------|--|
| Elegant Double Room | USD \$165, per | night, not including taxe | es (\$192.06 with | taxes) (SOLD OUT) | |
| Deluxe Suite | USD \$195, per | night, not including taxe | es (\$226.98 with | taxes) (SOLD OUT) | |
| Grand Suite | USD \$245, per | night, not including taxe | es (\$285.18 with | taxes) (SOLD OUT) | |
| Ritz-Carlton Hotel 5 (Preferred Conference Hotel) <u>http://www.fourseasons.com/chicagorc</u> King Room USD \$295, per night, not including taxes (\$311.40 with taxes) | | | | | |
| Executive Suite | USD \$325, per night, not including taxes (\$378.30 with taxes) | | | | |
| Accompanying Person Name | | | | | |
| 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@rgipgdis.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: VegaAccount #: 520094Routing number:026009 | | Bank : Bank of America Branch: Chicago LaSalle Street Branch Swift Code: BOFAUS3N | | | | |
| 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: