Please fill and send the form by e-mail to mail@rgipd.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 *(Preferred Conference Hotel)* http://chicagoraffaello.com

Elegant King Room ☐ USD $165, *per night, not including taxes ($192.06 with taxes)*

Elegant Double Room ☐ USD $165, *per night, not including taxes ($192.06 with taxes)*

Deluxe Suite ☐ USD $195, *per night, not including taxes ($226.98 with taxes)*

Grand Suite ☐ USD $245, *per night, not including taxes ($285.18 with taxes)*

Ritz-Carlton Hotel 5 *(Preferred Conference Hotel)* http://www.fourseasons.com/chicagorc

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 : **Vega International Travel Services**   **Bank :** Bank of America
Account #   : 5200946514   **Branch:** Chicago LaSalle Street Branch
Routing number: 026009593   **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: