Housing Form, CIT2016

Booking Deadline: February 21, 2016

China Interventional Therapeutics in Partnership with TCT (CIT2016)
March 17-20, 2016 China National Convention Center

Official CIT Housing Bureau

CHINA CYTS M.I.C.E SERVICE CO.,LTD.
16/F, CYTS Plaza, No.5 DongZhimen South Avenue,
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Booking Deadline: February 21, 2016

Bookings after the deadline will be subject to availability.

Confirmation

A confirmation will be sent after each reservation, modification or cancellation. You must show the final confirmation letter to the reception desk of the hotel upon check-in.

Final Payment

All bookings must be accompanied by a FULL HOTEL PAYMENT per room. The payment will be credited to your final hotel payment, which should be made directly to the hotel upon check-out.

Modification / Cancellation

Reservation cancellations must be sent to the Secretariat in writing.
Refunds will be made after the Congress as follows:

Cancellation on or before February 21, 2016 forfeiture of one-night deposit

Cancellation after February 21, 2016 forfeiture of full hotel payment

No Show
forfeiture of full hotel payment

Special Needs

Special needs concerning the hotel rooms will be considered but cannot be guaranteed.

Room Allocation

Hotel rooms will be allocated on a "first-come first-served" basis.

Room Rates

The rates are on a per room per night basis and are inclusive of ONE breakfast per day and a 15% hotel service charge.

Please read the instructions on the left carefully before you fill in the form.

Important: All reservations, changes and cancellations must be made through the Congress Housing Contact rather than directly with the hotels.

I. Send Confirmation to (Please type or print)

☐Prof. ☐Dr. ☐Mr. ☐Mrs. ☐Ms.

Given Name: _____ Family Name: _____

Institution/Company: _____

Street Address: _____

City/State: _____ Zip: _____

Country: _____ Email: _____

Tel: _____ Fax: _____

(Include Country/city codes)

II. Hotel Choice

Sheraton Beijing Dongcheng Hotel ★★★★★

☐Kingsize: RMB1250 ☐Twin room: RMB1350

CNCC Grand Hotel ★★★★

☐Kingsize: RMB1600 ☐Twin room: RMB1650

III. Room Occupants

☐Prof. ☐Dr. ☐Mr. ☐Mrs. ☐Ms.

Given Name: _____ Family Name: _____

Share with (list all occupants): _____

IV. Arrival, Departure Dates and Special Needs

Check-in date: _____ Check-out date: _____

Special Needs

☐Smoking room ☐Non-Smoking room ☐Extra bed ☐Handicap-equipped room

Requests will be treated on a first-come, first-served basis and are subject to space availability. Your preferences will be well considered but not guaranteed.

V. Payment/Guarantee and Deposit

All bookings must be guaranteed with a full hotel payment per room no matter which hotel you book.

The payment will be credited to your final hotel payment.

Credit Card: ☐American Express ☐Master Card ☐Visa ☐JCB

Card Number: _____

Expiration Date: ___ / ___ Mon./Year Amount: _____

Cardholder's Name (Please Print): _____

Cardholder's Signature: _____ Date: _____

* All credit card payments are subject to approximately 4% credit card surcharge.

Bank Draft: Please send a bank draft payable to CIT2016 with this form to the Congress.

Housing Management

Ms. Caroline Ding

CHINA CYTS M.I.C.E SERVICE CO.,LTD.

16/F, CYTS Plaza, No.5 DongZhimen South Avenue, Dongcheng District, Beijing 100007, China

Please make a photocopy of this form for your own reference.
The Housing Form can be sent to the Congress separately or together with the Registration Form.