Housing Form, CIT2017

Booking Deadline: March 1, 2017

China Interventional Therapeutics in Partnership with TCT (CIT2017)

March 30-April 2, 2017 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,
Dongcheng District, Beijing 100007, China
Contact Person: Ms. Yao Chen
Mobile: +86 187 0146 6942
Tel: +86 10 5815 8133
Email: CIT_hotel@cytsmice.com

Booking Deadline: March 1, 2017

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 March 1, 2017 forfeiture of one-night deposit
- Cancellation after March 1, 2017 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 dire	ctly with the	hotels.						
I. Send Confirmation to (Please type o	r print)	□Prof.	□Dr.	□Mr.	□Mrs.	□Ms.	
Given Name:	Family Name:							
Institution/Company:								
Street Address:								
City/State:			Zip:					
Country:	Email:							
Tel:	Tel: Fax:							
(Include Count	ry/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 considered but not guarantee		served bas	is and are si	ubject to s	space avai	lability. Your	preferences will be well	
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: □An	nerican Expr	ess []Master C	Card	□Visa		3	
Card Number:								
Expiration Date:	/		Mon.	/Year	CV	V:		
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 CIT2017 with this form to the Congress.								
Housing Management								
Ms. Yao Chen								
CHINA CYTS M.I.C.E SERVIC	⊱ CO.,LTD.							

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