

SIU WORLD URO-ONCOLOGY UPDATE

November 19-22, 2008 | Santiago, Chile



SANTIAGO2008

For office use only

HOUSING FORM

PLEASE COMPLETE AND RETURN THIS FORM, ALONG WITH YOUR PAYMENT, TO:

CMC Organizadores Profesionales Toledo 1991 - Providencia
Santiago - Chile
Tel: +56 2 274 67 14
Fax: +56 2 274 27 89
siu2008housing@cmcevent.com

1 IDENTIFICATION

Please complete this section with care. This information will allow us to correspond with you efficiently. Please pay particular attention to notifying us of any change in e-mail address.

TITLE LAST NAME FIRST NAME

Preferred Mailing Address:

INSTITUTION

ADDRESS

CITY PROV./STATE COUNTRY

POSTAL CODE/ZIP TEL (DAY) FAX
COUNTRY CODE • AREA CODE • NUMBER COUNTRY CODE • AREA CODE • NUMBER

E-MAIL (MANDATORY)

PASSPORT NO. NATIONALITY

EXPIRATION DATE
MONTH DAY YEAR



IF YOU HAVE ANY SPECIAL NEEDS, PLEASE ATTACH A SEPARATE LETTER

2 CHOICE OF HOTEL

Please select your preferred hotel and indicate the number of rooms you wish to reserve. All rates are in US Dollars and include breakfast.

FLIGHT

Arrival Date Departure Date
MONTH DAY MONTH DAY

HOTEL

Check-In Date Check-Out Date
MONTH DAY MONTH DAY

Guests in Room Special Requests: _____

HOTELS		Single	# Rooms	Double	# Rooms
Sheraton SOLD OUT	Standard Room	170		170	
	Club Floor Room	190		190	
San Cristóbal Tower SOLD OUT	Standard Room	230		230	
	Executive Suite	600		600	
Hyatt SOLD OUT		230		230	
Kennedy SOLD OUT		150		150	
Novotel SOLD OUT		120		130	

