



**ADVOC LA
SANTIAGO – Chile
20-21 NOVEMBER 2014**



SANTIAGO REGISTRATION AND ACCOMMODATION FORM





1. HOTEL ACCOMMODATIONS*

We have arranged special daily rates at **The Ritz-Carlton, Santiago** (El Alcalde 15, Las Condes) Tel: +562 24708500. Special rates: **US\$220 for a Single and US\$250 for a Double** (breakfast included and hotel room cost is tax free for all foreigners who show passport, immigration card and pay in USD). Check-in starts at 3 pm and check-out is at 12 noon.

Check out the hotel facilities at:

<http://www.ritzcarlton.com/en/Properties/Santiago/Default.htm>

- Each individual has to pay accommodation and hotel costs directly to the hotel. Bookings cannot be made without a valid credit card number to guarantee your reservation. Please ensure to include all the information required in the Ritz-Carlton hotel information (Registration and Accommodation Form) provided in pages 4-5.

*Please note that all hotel bookings can be cancelled before **August 25th, 2014**. After this date penalties shall apply.

2. CONFERENCE FEE

Delegate registration fee is **USD 860** *Companion fee: USD 430*

Delegate fee includes (**Companion fee*):

- *Welcome Cocktail on Thursday 20/11
- *Dinner at Mulato Restaurant on Thursday 20/11
- Working session of Friday 21/11
- Lunch and coffee break on Friday 21/11
- *Closing Dinner at El Mestizo Restaurant, on Friday 21/11
- *Roundtrip transportation to/from Hotel to cocktail and dinner locations.

Fee for delegates (and companions) **does not** include the following:

- Hotel (room and all incidentals)
- Transfer to/from airport.
- Drinks over those included at lunch and dinners / drinks after dinners
- Optional tour on Saturday November 22nd
- Any cost after Friday night

➤ Appreciate it if the registration fee payments are **wired no later than August 20th:** (If you are not be able to use this system, please contact us for an alternative). If the conference has to be finally cancelled for whatever reason, the registration fee shall be refunded except for the portion required to pay those costs already incurred.



3. METHOD OF PAYMENT FOR REGISTRATION FEE

The Bank details are as follows:

Firm Name: **CARIOLA DIEZ PEREZ-COTAPOS & CIA. LTDA.**
Address: Av. Andrés Bello 2711, 19th Floor, Santiago, CHILE.
VAT: R.U.T. N° 79.589.710-0

BANKING:

BCI MIAMI BRANCH

200 South Biscayne Blvd., Suite 2300
Miami, Florida 33131

ABA 066014726

Swift: CREDUS3M

Beneficiary: CARIOLA DIEZ PEREZ-COTAPOS & CIA. LTDA

Account N°: **120008958**

Bank Contact:

Mr. **Luis Gormaz**

Phone: **(305)-420-0703**

E-mail: **lgormaz@bcimiami.com**

4. PAYMENT CONFIRMATION OF REGISTRATION FEE

Once wire is completed, please scan wire confirmation receipt and forward via email to vhimmel@cariola.cl and you will receive a confirmation response.

CONTACT INFORMATION AT CARIOLA DÍEZ PÉREZ-COTAPOS & CIA. LTDA.

Valeria Himmel

Comunicaciones

Cariola Díez Pérez-Cotapos & Cía. Ltda.

T: +562 26556034 | E: vhimmel@cariola.cl



REGISTRATION AND ACCOMMODATION FORM

Please type or fill out clearly and return, sign, scan and forward only these 2 pages (**no later than August 20th**) to vhimmel@cariola.cl and you will get a confirmation response back.

Title	
First Name	
Last Name	
Law Firm	
Country	
Phone No	
Fax No	
Email	
Secretary name	
Secretary email & Phone #	
	ARRIVAL information
Airline	
Arrival Flight No.	
Arrival Date	
Arrival Time	
	Would you like us to arrange for a private airport car to wait for you and drive you to hotel? (US\$ 40 one way) You pay driver.
Yes	
No	
	DEPARTURE information
Airline	
Departure Flight No.	
Departure date	
Departure time	



	Would you like us to arrange for a private city car to drive you back to the airport? (US\$ 40 one way). You pay driver.
Yes	
No	
	RITZ-CARLTON HOTEL information
Deluxe Single room (US\$ 220)	
Deluxe Double room (US\$250)	
Date Check-in	
Date Check-out	
Name on Credit Card Number	
Credit Card Number	
Expiration Date	
Marriot Rewards Number	
	Any special requests/instructions for hotel? Please indicate it below
Yes / No	
Special Dietary Requirements: Please inform us of any special dietary requirements, due to religious or medical reasons. We will make all effort possible to accommodate same during meals.	
	COMPANION information
First Name	
Last Name	
	Use below space to let us know anything else you find relevant to communicate as related to this registration.

Signature _____

Date _____