



**International House**

500 Riverside Drive  
New York, NY, 10027  
212-316-8400  
ihouse-nyc.org

## Fresenius University Billing Form

Please review and complete this form and return to Brett Cameron, Admissions Office by email: [bcameron@ihouse-nyc.org](mailto:bcameron@ihouse-nyc.org)

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_  
Number of Nights: \_\_\_\_\_ *Departure Date must be before August 18, 2018*  
Nightly Rate: \$70

**Resident Information:**

First Name:  
Last Name:  
E-Mail Address:

**Billing Information:**

Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Credit Card (Visa or MasterCard Only): \_\_\_\_\_

Expiration Date: \_\_\_\_\_

By signing, I accept full responsibility for the above indicated charges and cancellation fees.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Cancellation/No-Show charge**

Cancellation of the reservation or any part of the reservation must be made by July 6, 2018. Cancellations received after this time will be charged a fee equal to one night's stay. No-show reservations will be charged the first night's room charge, and the remaining nights will be cancelled.