

N-IUI Registration Form

Name: _____

Address: _____

Tel: _____

Email: _____

Age: _____

How did you find about the N-IUI program: _____

Please submit with this registration form a non-refundable deposit of \$660. When we have received your completed form and registration fee, we will call you at the number above to schedule your initial appointment.

Make checks or money order payable to Dr Karol J. Chacho and mail it to
Karol J. Chacho, M.D. Yale New Haven IVF
Commerce Park
4699 Main Street
Bridgeport, CT 06606

To pay by credit card fill your information below and mail to:
Hunyuan Group Inc
15 Treadwell Ct
Weston, CT 06883

Credit Card # _____ Visa / MC / Amex / Discover

Expiration _____/_____

3-digit security on back of the card: _____

Billing address: _____

Name on card: _____

I, _____ (your name), authorize Hunyuan Group Inc to charge my credit card \$660. I understand that this \$660 deposit is non-refundable as it covers the coordination of my initial registration. I understand that the balance of the N-IUI program is to be paid in full at the time of my first appointment. Dr Karol J. Chacho accepts cash and checks and his balance due at first appointment is \$1670. The Hunyuan center accepts cash, check or credit cards and its balance due at first appointment is \$2070. I understand that I am responsible for my travel expenses such as airplane tickets, accommodations and rental car. Hunyuan Group Inc and Karol Chacho MD are not responsible for financial loss caused by canceled appointments, missed flights, travel delays or any other reason resulting in a financial loss of your travel expenses.

I understand that my N-IUI program is refundable except for the non-refundable deposit, coordination and admin fees and any fees for services already rendered.

Name:

Date:

Signature: