

HOTEL RESERVATION FORM

For the delegates of the conference

ISO/IEC JTC1/ SC2 WG2

(10-14 of June, 2013, Vilnius, Lithuania)

Hotel HOLIDAY INN VILNIUS *****

Please submit this form to the hotel until 9th of May

fax: +370 5 210 30 01

e-mail: reservation@ibc.lt

Address: Seimyniskiu str.1, Vilnius LT-09312, Lithuania

www.holidayinnvilnius.lt

Mr. /Mrs.: _____
FAMILY NAME: _____
FIRST NAME: _____
ADDRESS: _____
COUNTRY: _____
TELEPHONE: _____
E-MAIL: _____

Room rate include: 21% VAT, buffet breakfast, Mini Gym, Sauna and Internet access.

ROOM TYPE: SINGLE (standard) EUR 105 DOUBLE (standard) EUR 117
 SMOKING NON SMOKING

DATE OF ARRIVAL: _____ 14:00 a.m. check in time

DATE OF DEPARTURE: _____ 12:00 a.m. check out time

Name of accompanying person _____

Airport pick up EUR 21 Arrival flight number and time _____

Airport drop off EUR 18 Departure flight number and time _____

PAYMENT: Visa EC/MC AMEX Diners Club Cash

Please, guarantee your reservation by your Credit card No:
_____ Valid trough: _____

Reservation terms:

- Dead line for reservation is 9th of May.
- If your reservation will be made later than 9th of May you will be applied with the hotel standard rate on exact date on availability.

Cancellation terms:

- If your cancellation will be made in written form 3 days before arrival, no any cancellation penalties will be applied by the Hotel.
- If the room booking will be cancelled less than 3 days prior arrival, the hotel will charge 100% one room night price from your credit card.

Remarks _____
Date: _____ Signature: _____