

**Accommodation Booking Form for
CEN/TC 351 14-17.10.2019 meeting/conference in Vilnius, Lithuania on 14-17 October, 2019**

Return per e-mail to: reservation@cpvilnius.com

BOOKING CONFIRMATION No.....

Title, Mr, Mrs _____ *Family Name* _____ *First Name* _____

ADDRESS: Street _____

City _____

Country _____

Tel.: _____ **E-mail:** _____

Please reserve room(s) as ticked below:

Arrival date: _____

Departure date: _____

| <i>Room categories</i> | <i>Room rate per night, Euro</i> | <i>Number of rooms</i> | <i>Total, Euro, per room</i> | <i>Total, Euro, per stay</i> |
|--|----------------------------------|------------------------|------------------------------|------------------------------|
| <i>Standard single room</i> | 75 | | | |
| <i>Standard twin room</i> | 75 | | | |
| <i>Business class single</i> | 95 | | | |
| <i>Business class twin / double room</i> | 95 | | | |

The dead-line for making reservation for the special price is 25th of September, 2019

To guarantee your booking by credit card please fill in the requested information below or request pro-forma invoice for payments done by the bank transfer _____

Credit card: ___ VISA ___ MASTERCARD ___ AMERICAN EXPRESS

Card no:

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Expire date

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Today's date

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FIRST, LAST NAME OF THE CREDIT CARD HOLDER _____

SIGNATURE _____

CANCELATION POLICY: THE CUSTOMER WILL BE CHARGED FOR ONE NIGHT STAY IF THE BOOKING CANCELATION RECEIVED AFTER 10TH OF OCTOBER, 2019