



AMBERTON ****

HOTEL RESERVATION FORM

MEETING OF THE CHAIRPERSONS OF THE COMMITTEES ON SOCIAL AFFAIRS AND
LABOUR

November 10-11, 2013, Vilnius, Lithuania

Please submit this form to the hotel before 25th of October 2013

fax: 370 5 210 7460

e-mail: dir.vilnius@amberton.lt

Address: L. Stuokos Guceviciaus str. 1, Vilnius LT-01122, Lithuania

Mr/Ms: _____
FAMILY NAME: _____
FIRST NAME: _____
ADDRESS: _____
COUNTRY: _____
TELEPHONE: _____
FAX: _____
E-MAIL: _____

Room rate includes: VAT, buffet breakfast and internet.

ROOM TYPE: SINGLE EUR 125 DOUBLE EUR 135

DATE OF ARRIVAL: _____

DATE OF DEPARTURE: _____

PAYMENT: Credit card: Visa EC/MC AMEX Diners Club

Please, guarantee your reservation by your Credit card No:

_____ Valid trough: _____

Cancellation terms:

-If room is cancelled before October 25th 2013 no cancellation penalties will be applied by the Hotel.

-If room is cancelled after October 25th and before November 7th 2013, the hotel will charge 50% room price for one night from your credit card.

-If room is cancelled after November 7th 2013, the hotel will charge 100% room price for one night from your credit card.

Remarks _____

Date: _____ Signature: _____

Please fax this form to: +370 5 210 7460,
or e-mail to: dir.vilnius@amberton.lt

Thank you