

Mr/Ms:

HOTEL REGISTRATION FORM

For the delegates of

Stardust events

(2012 April 16th - 18th) Hotel HOLIDAY INN VILNIUS ****

Šeimyniškių str.1, Vilnius LT-09312, Lithuania

Please submit this form to the hotel till 1st of April, 2012 Hotel fax number +370 5 210 3001, e-mail: reservation@ibc.lt Tel. number + 3705 2103016

	
FAMILY NAME:	
FIRST NAME:	
ADDRESS:	
COUNTRY:	
TELEPHONE:	
E-MAIL:	
Room rate include VA	T, buffet breakfast. Mini Gym and Sauna free of charge
ROOM TYPE:	\square single <i>EUR</i> 65 \square double <i>EUR</i> 77
	□ NON SMOKING
DATE OF ARRIVAI	L: 14:00 a.m. check in time
DATE OF DEPART	URE: 12:00 a.m. check out time ying person
PAYMENT : Credi	it card: Visa \Box EC/MC \Box AMEX \Box Cash \Box Diners Club \Box
, 0	our reservation by your Credit card No: Valid trough:
Iif your cancellation	Cancelation terms will be made in written form until April 13 th 2012 no cancellation penalties will be applied by the Hotel.
If the room bookin	g will be cancelled later than April 13 th 2012, the hotel will charge 100% one room night price from your credit card.
Remarks	
	Signature: