

**XII International Conference on Quantum Optics and Quantum Information (ICQO)  
September 20-23, 2008, Vilnius, Lithuania**

**ACCOMMODATION FORM**

Please fill in the form using **CAPITAL** letters.

**Participant:** First Name:

Last Name:

**Roomshare:** First Name:

Last Name:

<b>Hotel</b>	<b>Single room Euro</b>	<b>No. of rooms</b>	<b>Double room Euro</b>	<b>No. of rooms</b>
<b>Reval Hotel Lietuva **** Conference Venue</b>	101 (Reval Class)		121 (Reval Class)	
<b>Reval Hotel Lietuva **** Conference Venue</b>	96 (Standard Class)		116 (Standard Class)	
<b>Ecotel ***</b>	44 (Economy Class)		49 (Economy Class)	

Prices include VAT and breakfast.

**ARRIVAL AND DEPARTURE**

**Arrival**

**Departure**

**No. of nights**

Special requests:

**Credit Card Guarantee:**

The credit card information you provide will with regard to accommodation be used towards the hotel as well as to Conference Service Agency to guarantee your room reservation. In case of no-show, arrival after the reserved date or departure before the reserved date and cancellation, Conference Service Agency or the hotel my charge your credit card with the amount corresponding to the full stay requested. **Payment is made directly to the hotel upon check-out.**

**Confirmation of Hotel Booking:**

The Hotel Booking will be confirmed by email after we receive the credit card details. Those who do not receive a confirmation notice before the conference are strongly recommended to contact the **Conference Service Agency**.

The hotel reservation is guaranteed by credit card:

Master Card

Visa

**Card No:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Expiry Date:** \_\_ / \_\_ **CVC2/CVV2:**

Name of Cardholder (as it appears on your card): \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_

**Please return this form to:** Fax. +370 5 2124124

VISUS PLENUS (Conference Service Agency)

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