

HOTEL RESERVATION FORM

for

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Hotel ECOTEL VILNIUS ***

e-mail: info@ecotel.lt

fax: +370 5 210 2707

Address: Slucko str. 8, Vilnius LT-09312, Lithuania

Mr/Ms: _____

FAMILY NAME: _____

FIRST NAME: _____

COUNTRY: _____

TELEPHONE: _____

E-MAIL: _____

ROOM TYPE: SINGLE 42 EUR DOUBLE 48 EUR TRIPLE 60 EUR

Room rates include VAT, buffet breakfast. WiFi free of charge in all hotel.

CAR PARKING free of charge

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

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

Name of accompanying person _____

PAYMENT: Credit card: Visa Visa Electron MC or Cash

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

Reservation terms:

- Special rate valid till the 15th of September, 2016.
- If your reservation will be made on the 16th of September, 2016 or later - you will be applied with the hotel standard rate on exact date.

Cancelation terms:

- If your cancellation will be made in written form till the 7th of October, 2016 no cancellation penalties will be applied by the Hotel.
- If the room booking will be cancelled on the 8th of October, 2016 or later, the hotel will charge 100% one room night price from your credit card.

Remarks _____

Date: _____ **Signature:** _____