

**10th European Congress on Telepathology and 4th International Congress on Virtual
Microscopy
1-3 July, 2010, Vilnius, Lithuania**

ACCOMMODATION FORM

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

Participant: Last Name: _____

First Name: _____

Room share: Last Name: _____

First Name: _____

| Hotel | Single, Euro | No. of rooms | Double, Euro | No. of rooms |
|---|-----------------|-----------------|-----------------|-----------------|
| Reval Hotel Lietuva 4* (standard room) | 75 | | 75 | |
| Reval Hotel Lietuva 4* (Reval class) | 85 | | 85 | |
| Reval Hotel Lietuva 4* (business class) | 105 | | 105 | |
| Best Western Vilnius 4* | 75 | | 80 | |
| Holiday Inn 4* | 65 | | 70 | |
| Ecotel 2* | 40 | | 45 | |

The prices include 21% VAT and breakfast.

ARRIVAL AND DEPARTURE

Arrival

Departure

No. of nights

Special requests: _____

Credit Card Guarantee:

The credit card information you provide will be used towards the hotel as well as to ViaConventus to **guarantee your room reservation**. In case of no-show, arrival after the reserved date or departure before the reserved date and late cancellation, ViaConventus or the hotel may charge your credit card with the amount corresponding to 1 night fee. Payment is made directly to the hotel upon check-out.

N.B. in case of payment by Bank Transfer **in advance**, CC details are not required.

Confirmation of Hotel Booking:

The Hotel Booking will be confirmed by email after we receive the credit card details or bank transfer. Those who do not receive a confirmation notice before the congress are strongly recommended to contact the **Congress Secretariat**, info@telepathology2010.com.

The hotel reservation is guaranteed by credit card:

Master Card

Visa

Card No: ____ / ____ / ____ / ____

Expiry Date: __ / __

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

Date: _____

Signature of Cardholder: _____

Please return this form to:

Fax. +370 5 2000782