PERMANENT CONFERENCE OF THE TRADE UNIONS OF THE CAPITAL CITIES ROME 23-26 SEPTEMBER 2013 REGISTRATION FORM

- 1. Please complete this registration form.
- 2. Please return this registration form by e-mail to confereceroma2013@gmail.com

PARTICIPANT'S PERSONAL DETAILS

FIRST NAME	Algirdas	LAST NAME	Markevičius
		(As appearing on passport)	
Organisation	Vilnius trade union Solidarumas	Position	president
Nationality	Lithuanian		
Street	K. Kalinausko	Number	2 B
City	Vilnius	Post Code	LT-03107
Country	Lithuania		
Telephone	+370 655 09872	Fax	
E-mail	vilnius@solidarumasvilnius.lt		

Interpretations will be provided in English, Italian, French and Spanish.

ACCOMMODATION SUGGESTIONS

We will book a room for 3 nights (IN 23/09/2013 OUT 26/09/2013) for each delegate at the official hotels

ROOM:			
SINGLE			
СНЕСК		IN:	_23/09/2013
СНЕСК	CHECK OUT:		_26/09/2013
IF YOU ARE STAYING MORE NIGHTO PAY DIRECTLY AT THE HOTEL.		1AKE A RESERVATION, BUT	PLEASE NOTE THAT YOU WILL HAVE
REQUIREMENTS REGARDING	LOCAL TRAN	ISPORTATION	
I use a wheelchair		NO	
Other requirements, please spe	cify:		
OTHER NEEDS / RELEVANT INFO	RMATION		
I have dietary requirements	NO	Please specify:	
VISA			
We are available for any specific soon as possible.	c request abo	ut VISA you may have. Pl	ease address a message to us as

TRAVEL

I travel by plane	YES	
Onward Flight		
Airport or city of departure	Vilnius	
Airport or city of arrival	Rome	
Return Flight		
Airport or city of departure	Rome	
Airport or city of arrival	Vilnius	
I travel by train	NO	
City of departure		
Day of arrival		
Day of departure		

Estimated cost of your ticket:			
150 Euro			