

**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](mailto:confereceroma2013@gmail.com)**

**PARTICIPANT'S PERSONAL DETAILS**

|                   |                                 |   |                  |
|-------------------|---------------------------------|---|------------------|
| <b>FIRST NAME</b> | Jurgita                         | <b>LAST NAME</b><br><b>(As appearing on passport)</b> | Žiūkienė         |
| Organisation      | Vilnius trade union Solidarumas | Position  | vice - president |
| Nationality       | Lithuanian                      |   |                  |
| Street            | K. Kalinausko                   | Number  | 2B               |
| City              | Vilnius                         | Post Code   | LT-03107         |
| Country           | Lithuania                       |   |                  |
| Telephone         | +370 686 44654                  | Fax   |                  |
| E-mail            |                                 |   |                  |

**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**

**CHECK**

**IN:**

23/09/2013

**CHECK**

**OUT:**26/09/2013

**IF YOU ARE STAYING MORE NIGHTS, WE WILL MAKE A RESERVATION, BUT PLEASE NOTE THAT YOU WILL HAVE TO PAY DIRECTLY AT THE HOTEL.**

**REQUIREMENTS REGARDING LOCAL TRANSPORTATION**

|                                     |    |
|-------------------------------------|----|
| <b>I use a wheelchair</b>           | NO |
| Other requirements, please specify: |    |

**OTHER NEEDS / RELEVANT INFORMATION**

|                             |    |                 |
|-----------------------------|----|-----------------|
| I have dietary requirements | NO | Please specify: |
|                             |    |                 |

**VISA**

We are available for any specific request about VISA you may have. Please address a message to us as soon as possible.

**TRAVEL**

|                              |         |  |
|------------------------------|---------|--|
| I travel by plane            | YES     |  |
| <i>Onward Flight</i>         |         |  |
| Airport or city of departure | Vilnius |  |
| Airport or city of arrival   | Rome    |  |
| <i>Return Flight</i>         |         |  |
| Airport or city of departure | Vilnius |  |
| Airport or city of arrival   | Rome    |  |
| I travel by train            | NO      |  |
| City of departure            |         |  |
| Day of arrival               |         |  |
| Day of departure             |         |  |

|                                |
|--------------------------------|
| Estimated cost of your ticket: |
| 150 Euro                       |