

Hotel reservation form

International Association of Deposit Insurers
Africa Regional Committee & Middle East North Africa Regional Committee
Technical Assistance Workshop

March 27-29, 2017

To take advantage of these rates and to ensure your accommodation, please **complete this reservation form with full details** and email / fax it directly to the hotel as indicated below.

DEADLINE: The Room reservations should be confirmed by 27 February 2017

Surname /First Name: _____

Institution: _____

Nationality: _____

E MAIL: _____ PHONE. _____

CHECK -IN: _____ CHECK-OUT : _____ PASSPORT
NUMBER _____

	Single	Double
DELUXE ROOM	MAD 1,500.00	MAD 1,700.00
DELUXE SKY ROOM	MAD 1,800.00	MAD 2,000.00
PREMIUM ROOM	MAD 2,000.00	MAD 2,200.00
PREMIUM SKY ROOM	MAD 2,300.00	MAD 2,500.00
JUNIOR SUITE	MAD 2,500.00	MAD 2,700.00
ONE BEDROOM SUITE	MAD 3,300.00	MAD 3,500.00

CREDIT CARD DETAILS

NUMBER _____ EXP DATE _____

CARD HOLDER _____

Cancellation policy:

From 48 h before arrival all the amount of the reservation will be charge

Date _____

SIGNATURE _____