



HOTEL RESERVATION FORM

(Thank you for filling in it before the end of March, 2012)

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		
Last Name		First Name
Title		
Organization/ Institute		
Address		
City	State	
Zip	Country	
E-mail		
Telephone	Fax	
Date	Your signature	

Arrival Date (D/M/Y) _____ Departure Date(D/M/Y) _____

I wish : Stay at the Hotel & Conference venue (**Hôtel Mansour Eddahbi - Palais des Congrès**,
 Boulevard Mohamed VI - 40 000 Marrakech - Morocco)

Nights	A Single Room*	A Double Room*
<input type="checkbox"/> From 21 to 22 April a.m.	<input type="checkbox"/> 85 €	<input type="checkbox"/> 110 €
<input type="checkbox"/> From 22 to 23 April a.m.	<input type="checkbox"/> 75 €	<input type="checkbox"/> 95 €
<input type="checkbox"/> From 23 to 24 April a.m.	<input type="checkbox"/> 75 €	<input type="checkbox"/> 95 €
<input type="checkbox"/> From 24 to 25 April a.m.	<input type="checkbox"/> 75 €	<input type="checkbox"/> 95 €
<input type="checkbox"/> From 25 to 26 April a.m.	<input type="checkbox"/> 75 €	<input type="checkbox"/> 95 €
<input type="checkbox"/> From 26 to 27 April a.m.	<input type="checkbox"/> 85 €	<input type="checkbox"/> 110 €
<input type="checkbox"/> From 27 to 28 April a.m.	<input type="checkbox"/> 85 €	<input type="checkbox"/> 110 €
TOTAL AMOUNT	_____	_____

General policy for children

INFANTS (UNDER AGE 6)
 Free when occupying the same single room with an adult family member.

INFANTS (AGE 6-12)
 + 50 % of the room price when occupying the same single room with an adult family member.

INFANTS (OVER AGE 12)
 + 100 % of the room price when occupying the same single room with an adult family member.

*(including breakfast and taxes)

METHOD OF PAYMENT

By **bank transfer** on our french bank account:
 HOLDER : **Comité Africain de Métrologie**
 BANK : **Société Générale**
 BANK ADDRESS : **15 rue Alsace 49100 Angers FRANCE**
 N° IBAN : **FR76 30003 00080 00050546112 28**
 BIC SWIFT Address : **SOGEFRPP**

Your reservation cannot be processed until full payment has been completed.
 Please use this reservation form **for each participant**.
 Thank you for writing « HOTEL CAFMET2012 + your name » in the subject of the transfer. Fill the reservation form and send it by fax at : ++ 33 2 41 88 84 21 or by post with the copy of bank transfer order at this address :