Accommodation Form

**To be sent before September 11, 2019 to**

***HOTEL EL ATI***

**Address: Route Rissani, Arfoud - Morocco**

**E-mail: hotelati@gmail.com**

**Tel: +212 5 35577373 ; Fax: +212 5 35577086**

**Last Name:** ……………….……**First Name and initials** ……..…………… ……….………

**Address:**… ……………………………………………..……………………..………………..

……………………………………………………………………………………………. …….

**E-mail:**……………….…..…. **Tel.:**…..……………..…. **Fax:**…………………………..…….

**Date of arrival:**………………………………………………………………………..….........

**Date of departure :**…………………………………………….……………………..………...

**Hotel EL ATI (4 stars),** where the Workshop will be held, will give special prices available exclusively for participants of the Workshop.

**Room rates per night, on bed and breakfast and tax inclusive**

**Single                           Double**

**600 DH                   700 DH**

11DH is equivalent to 1€ -rate of January 2019

If double room, sharing room with …………………………………………………....

**To guarantee your room reservation, payment of 100 € must accompany this form before September 11, 2019**

**Accommodation payment payable to:**

**Account Holder: HOTEL EL ATI PREMIUM**

**Account Identification No: 148 218 21211 2737393 000 8 11**

**Bank: BANQUE POPULAIRE**

**Bank address: Arfoud - Morocco**

**SWIFT:** **BCPOMAMC**

Reservation should be made directly to the hotel (**Mail:** **hotelati@gmail.com**) with the indication “Participants in Biosensor Workshop”.

If you choose to pay by credit card (VISA, MasterCard, American Express), please fill out the information below:

        **VISA                   MasterCard                American Express**

Credit Card Number: …………………………………………Exp. …………………………..

Date:………………                                                      Signature: ……………