**Accommodation Form**

**To be sent before September 07, 2024 to**

,Adam Park Hotel, Marrakech Morocco

**E-mail:** : **resa@adamparkmarrakech.com** **- Tél : (+212) 6 73 69 57 62**

**Fax : (+212) 5 24 35 11 11,**

[Adam Park Marrakech Hotel & Spa | Hotel 5 stars in Marrakech | Official website](https://www.adamparkmarrakech.com/en/)

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

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

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

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

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

Adam Park Hotel **(5 stars),** where the Workshop will be held, will give special prices available exclusively for participants of the Workshop.

Room rates per night and on halfboard (breakfast & dinner excluding beverages) and tax included.

 **Simple Double**

 **1330 DH 1460 DH**

11DH is equivalent to 1€ -rate of January 2024

Payment by bank transfer :

**Bank :** **BMCE**

**Bank address :** **centre d’affaires Marrakech Avenue Mohamed VI**

**Account number:** **011 450 00000 521 0000 70 48 16**

**Swift :** **BMCEMAMC**

Please send a copy of the transfer advice to :**pm@adamparkmarrakech.com**

Payment by credit card: Please fill in the following information:

**VISA MasterCard EuroCard**

**Owner's name: ...............................................................................................................**

**No. Cards:** ............................................... **Code : ......................................................................**

**Expiration date: .......................................................................................................................**

**Amount to be debited:** .........................................

**Signature :** ......................................................

One night's payment is required for room confirmation.