Registration form

To be sent to Professor Aziz Amine

azizamine@yahoo.fr; aziz.amine@fstm.ac.ma

PARTICIPANT DETAILS

Last Name: Fi	rst Name and initials:	Title:	
E-mail: I wish to submit a contri Title of contribution:			
	•••••••••••••••••••••••••••••••••••••••		
Accompanying persons Last name, first	 (Underline who will mak name initials:	•	
REGISTRATION FEE All rates are Euros:	Before July 30 th	After July 30 th	
 ✓ A copy of the abs ✓ Refreshment bress ✓ Lunch on Octobs ✓ Gala dinner on Octobs 	udes: sessions of the conference stracts eaks er 3rd, October 4th and Oc October 4th	475 € 375 € 245 € ober 5th Aarrakech city, and excursion on Sat	urdav
afternoon Octob			uruuj
Department. ** Registration fee of acc		a supporting letter from the Head of lunch on October 3 rd , 4 ^{th,} and 5 th , shuttle by, October 5th.	e airport
REGISTRATION PAY	MENT		

Payment of registration transfer details must accompany the registration form. Payment may be made only by bank transfer (free of bank charges) to:

Account Holder: PALEDO

Account Identification N° : 011780000090210001177827 Bank : BMCE Bank Address : 53 LOT AMINE SIDI MAAROUF OULED HADDOU 20190 CASABLANCA SWIFT : BMCEMAMC

A total ofEuro was remitted by bank transfer on ../../2024 Details of the bank transfer (free of bank charges) accompany this form.

Date:../../2024

Signature: