Registration form

To be sent to Professor Aziz Amine

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

PARTICIPANT DETAILS

Last Name: F	irst Name and initials:	Title:
Address:		
I wish to submit a contr		
Title of contribution:		
Accompanying persons Last name, first	(Underline who will make	-
REGISTRATION FEE All rates are Euros:	Before July 30 th	After July 30 th
 ✓ A copy of the ab ✓ Refreshment br ✓ Lunch on Octob ✓ Gala dinner on 	ludes: l sessions of the conference ostracts eaks oer 3rd, October 4th and Oct October 4th workshop venue, shuttle in N	475 € 375 € 245 € ober 5th ⁄Iarrakech city, and excursion on Saturday
Department. ** Registration fee of acc		a supporting letter from the Head of lunch on October 3 rd , 4 ^{th,} and 5 th , shuttle airport y, October 5th.
REGISTRATION PAY Payment of registration t only by bank transfer (free	ransfer details must accompany	y the registration form. Payment may be made

Account Holder: PALEDO Account Identification Nº : 011780000090210001177827 IBAN: MA64 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: