

Hotel Reservation Form

THE IEOM CONFERENCE
APRIL 11TH TO 13TH
SOFITEL RABAT JARDIN DES ROSES
BP 450 Souissi
10000 Rabat
Morocco

Tel: (+212) 537 675656

NAME: _____

ADDRESS: _____

TEL NO: _____

FAX NO: _____

ARRIVAL DATE/TIME: _____

DEPARTURE DATE/TIME: _____

IEOM rate

o Superior Room MAD 2150

*(The above rates are per room per night, exclusive of Breakfast and City Tax)
Check in time is 15:00 (3.00pm) / Check out time is 11:00 am*

Please note that any cancellation received by the hotel after March 15th, 2017 will result in a penalty equal to two night's room and tax charges.

PAYMENT WILL BE GUARANTEED WITH:

Visa MasterCard American Express Other _____

Card number _____ Expiry date _____

Card Holder's Name _____ Card Holder's Signature _____

Please attach a signed copy of both sides of the credit card with a copy of your passport

Please send this form directly to the hotel no later than *March 15th, 2017.*

Inspired Meeting
MADIHA AINOUCHE
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FAX: (+212) 537 671492
Email: H6813-SB@sofitel.com