

## HOTEL RESERVATION FORM

**ICFCA'2010 – Agadir - MARCH 15-18, 2010**

TITLE:  Mr.  Mrs.  Ms.  Prof.  Dr.

FIRST NAME:

LAST NAME :

PHONE NUMBER:

POSTAL ADDRESS:

Number & Street:

City and Country

Postal code:

E-MAIL ADDRESS:

HOTEL:  AMADIL BEACH  PALAIS DES ROSES  ARGANA  ADRAR  SUD BAHIA

HALF BOARD OCCUPANCY:  SINGLE  DOUBLE

ARRIVAL DATE:

NUMBER OF NIGHTS:

FEES PER PERSON (see [http://w3.uqo.ca/icfca10/Local\\_arrangements.html](http://w3.uqo.ca/icfca10/Local_arrangements.html)):

PAYMENT MODE (one night deposit is required)

CARD TYPE:  VISA  Master Card  American Express

CARD NUMBER:

EXPIRATION DATE (MM/YY):

**ANY CANCELLATION OR CHANGE** needs to be received and confirmed before **FEBRUARY 2, 2010**.

SIGNATURE

DATE

Please send this hotel reservation form to Ms. Nora ZAFATI (Bo Voyages) by fax (+212 5 28 84 61 41) or by e-mail (nora@bovoyages.com).