



IFEAT 2010

Marrakech

Sunday 26 - Thursday 30 September 2010

ACCOMMODATION BOOKING FORM

(Please use a separate form for each delegate)
Please complete this form in **BLOCK CAPITALS** and fax back to the IFEAT Secretariat
fax: +44 (0) 207 814 8383

Once you have received confirmation of your reservation please contact the hotel directly with any enquiries you may have. The Hotel contact details can be found on page 7 of the brochure.

DELEGATE DETAILS

Family Name:	Given Name:
Title: Mr / Mrs / Ms / Dr	Nationality:
Company:	
Billing Street Address:	City:
Postal Code:	Country:
E-mail Address:	
Tel:	Fax:

HOTEL ACCOMMODATION at the conference hotel, reservation details (please mark boxes of your choice)

Arrival Date:	Departure Date:	No of Nights:
Sofitel Marrakech Lounge and Spa Rooms (*****) (Excludes Service Charges and prevailing Government Taxes)		
Rooms at the Sofitel - the Conference Venue - are now sold out. However, IFEAT has secured rooms at 2 neighbouring hotels, the Hivernage and Suitehotel. Please contact IFEAT for more information.		
TOTAL ACCOMMODATION: (Excluding service charges and taxes)		Euro
NOTE: Check in only from 1400hrs.		

PAYMENT DETAILS

I authorise IFEAT to deduct a (non-refundable) deposit of Euro _____ from my credit card, equivalent to the charge of **two nights per reserved room**.

Hotel Cancellation Policy:

- A deposit of two night's accommodation will be required in order to secure your reservation. If notice of cancellation is given more than 30 days before your arrival date then the deposit less 5% will be refunded.
- Deposits are non-refundable for cancellations received less than 30 days before your arrival date.
- Cancellations received less than 48 hours before your arrival date will result in the full stay being charged. I authorise IFEAT to deduct those charges if they are incurred.
- We strongly recommend taking out adequate insurance to cover any charges that you may incur as a result of cancellation.

VISA MASTERCARD

Card holders name:	Passport no. of cardholder:
Card number:	Expiry date:
Address of cardholder:	
Last 3 digits on back of card:	Signature:

I agree to the above terms and conditions

Note: Credit card payments will be taken in Euros currency at the prevailing rates of exchange



TOUR BOOKING FORM

Please complete this form in BLOCK CAPITALS and return to:

Contact Person: **Laura van Haalen, Events and Co.**

Email: **ifeat@eventsandco.net** • Phone: **+34 93 481 49 90** • Fax: **+34 93 481 49 91**

DELEGATE DETAILS

Family Name:	Given Name:	Title: Mr / Mrs / Ms / Dr
Nationality:	Passport Number:	
Date of Issue:	Place of Issue:	Expiry Date:
Company:		
Billing Street Address:		
City:	Postal/Zip Code:	
Country:	E-mail address:	
Tel:	Fax:	

Tour Name	Tour Date	Tour Time	Price/person	No of Places
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Note: Please circle date as appropriate. Prices include taxes, but do not include gratuity.

Optional Tour Programme

Half day Historical City Tour	27 September	08.30am	MAD 345	20
1 day Moroccan cooking lesson	27 September	08.30am	MAD 805	20
Half day Promenade on camel	28 September	08.30am	MAD 1,138	20
Half day Belly Dancing lesson	28 September	14.30hrs	MAD 550	20
1 day 4x4 Jeep tour to the Atlas Mountains	29 September	09.00am	MAD 1,290	20
1 day tour to Ourika Valley	30 September	09.30am	MAD 805	20

Tour Name	Tour Date	Price/person
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Pre and Post Conference Tours

4 days and 3 nights through Imperial Morocco	22-25 September	MAD 4030 (per person / double occupancy)
Depart from Casablanca and Arrival in Marrakech		MAD 4930 (per person / single occupancy)
5 days and 4 nights in South Morocco and Sahara Desert	1-5 October	MAD 7360 (per person / double occupancy)
Depart from Marrakech and Arrival in Ourzazate or in Marrakech		MAD 8630 (per person / single occupancy)

NAME(S) OF TOUR PARTICIPANT(S)

1 _____

2 _____

Special dietary requirements

(Complete, only if necessary, by ticking the appropriate box below)

Vegetarian Kosher Halal Other (please state needs)

PAYMENT METHODS (Please mark [X] by method of payment)

Tours Total (including taxes)

1. Please debit my credit card: VISA MASTERCARD AMERICAN EXPRESS

Card holders name:

Passport no. of cardholder:

Card Number:

Expiry Date:

Address of cardholder:

3 digit security code: (4 digits for Amex):

Signature:

2. By bank transfer direct to travel agent:

Account holder: **International Events Bureau, S.L.**

Bank: **Cajazol** • Account number: **2106.0001.63.1132002916** • Swift code: **CECAESMM106** • IBAN: **ES68 2106 0001 6311 3200 2916**

Please note the following terms and conditions of booking: All tours include taxes, but do not include tips. All tours are subject to availability and on a minimum required number of persons attending. An email confirmation will be sent to you upon registration for the tours. All tours will depart from the Sofitel Hotel. Cancellation terms: 10 days prior to tour departure 25% of the tour price to be charged. 5 days prior to tour departure 50% of the tour price to be charged. Less than 5 days prior to tour departure 100% of the tour to be charged