Kenzi Semiramis Hotel Reservation Card

Fax: (int +) 212 4 43 74 10

Phone: (int +) 212 4 43 46 49

Group Name: IAU site 2000

Arrival Date: _________________, estimated time: _________________

Departure Date: _________________

Room Request:

[ ] double room* : 430 DH (~ US $43)
[ ] single room : 580 DH (US $58)

[ ] Smoking [ ] Non-Smoking

Room rates include a complimentary breakfast buffet.

Name:

Company:

Address:

Phone Number:

*Sharing room with:

[ ] I request confirmation of my reservation via FAX:

Guaranteed by credit card type:

[ ]	AMEX	[ ]	VISA
[ ]	Mastercard	[ ]	Diner’s Club
	Number		Exp. Date

Cardholder’s Name: ____

(Please print)

Authorized Signature: ____

Deadline for group reservation is Jun 15, 2000.