



# ORDER FORM

#### JOWI REIZEN BV

Prins Albertlaan 29 3800 Sint-Truiden BTW BE0895.841.619 IBAN BE44 7330 4801 6545 BIC KREDBEBB Tel: 0032 11 67 32 73 travel@jowireizen.be www.jowireizen.be

#### YOUR INVOICE DETAILS

Company name:	
Name:	
Street & number:	
Zip code & city:	
VAT-number:	
e-mail:	
Telephone number:	

## Order details

Date	
Destination	Morocco Desert Challenge bezoekersreis
Trip organiser	Jowi Reizen
Date of departure (flight schedule subject to change)	April 17, 2024
Return date (flight schedule subject to change)	April 21, 2024
Services	Full board
Insurances	

## Personal details of the participants

Name & first name as mentioned on the passport	Date of birth	Passport number	Passport expiration date





#### Order

Description	Price per person	Number
MDC 2024 VIP trip	2.595,00€	
Supplement single	200,00€	
Supplement order after 01/01/2024	200,00€	

PLEASE NOTE: this order form is valid only after payment of a (non-refundable) deposit of €600.00 per person.

Payment details: Jowi Reizen - IBAN BE24 7310 2767 0738 - BIC KREDBEBB stating: MDC 2024 Visitor trip + names of participants

VAT - Special scheme for travel agents / VAT exemption (art 41 2bis, services outside the EU & international air transport is exempt from VAT)

### For agreement

 $\Box$  I authorise Morocco Desert Challenge and Jowi Reizen to store the data entered for the registration process of this event. This data will be used exclusively for this event and will be deleted after the event.

□ I declare to have seen all pre-contractual info/brochure/programme on the website (<u>www.moroccodesertchallenge.com</u>), agree to the booked services.

□ I have read and approved the general travel conditions on the website (<u>www.moroccodesertchallenge.com</u>).

Signature					Name	
	Signature of th form	e person submi	itting this orde	r		Name of the person submitting this order form
Date	DD	ММ	YYYY			