



Reservation Form Ibis Budget Leuven

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| REFERENCE NAME | : ESSCIRC/ESSDERC |
| REFERENCE BOOKING NUMBER | : 655150 |
| DATES | : 10/09/2017 – 15/09/2017 |
| CUT OFF DATE | : 25/07/2017 |
| O Mr O Mrs | |
| Last name: _____ First name : _____ | |
| Date of arrival: _____ Date of departure: _____ | |
| <u>Hotel Name: Ibis Budget Leuven</u> | |
| O 10/09/2017 for € 57.35 O 11/09/2017 for € 77.35 O 12/09/2017 for € 82.35 | |
| O 13/09/2017 for € 82.35 O 14/09/2017 for € 77.35 | |
| City tax (€ 0.85 per room, per night) is included. Breakfast for one person is also included. | |
| <i>Two days prior to arrival the cancellation is free of charge</i> | |
| These rates are net and include services, taxes and VAT and are per night and per room. | |

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| <u>PAYMENT METHOD</u> | |
| Payment by Guest in hotel | |
| We kindly ask you to guarantee the reservation by credit card in order to secure the room for you in case of late arrival. Any non-guaranteed rooms will be released at 6pm. | |
| <u>Guarantee by credit card:</u> | |
| O Visa | O Mastercard |
| O Eurocard | O American Express |
| Credit Card holder: _____ | |
| Credit Card Nbr : _____ | |
| Expiration Date : ____/____ | |
| In case of no show the owner of the card authorizes the hotel to charge the credit card for the total stay.. | |

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| <u>CONFIRMATION</u> |
| Please mention your email address or fax number should you wish to receive a confirmation of your reservation; |
| email: _____ |
| fax number: _____ |

Please return the reservation form to the groups department to H6682-BO@accor.com or by fax 0032 16 47 98 81. After the cut off date the rooms will be automatically released.

Ibis Budget Leuven
Martelarenlaan 10
3000 Leuven
Tel. + 32 16 47 98 80
Fax. + 32 16 47 98 81
E-mail: H6682-BO@accor.com