

Your reservationnumber:

Date:

Reservation request TRP2021

Hotel Ibis Leuven Centrum	Tel: ++ 32 16 2	9 31 11		
Brusselsestraat 52	Fax: ++ 32 16 2	Fax: ++ 32 16 23 87 92		
3000 Leuven	E-mail: H1457-	E-mail: H1457-re@accor.com		
Your Name:		Your tele	ephone:	
		Your fax:		
Your address:		Tour tax.		
		Your E-mail:		
Room rate: single room week pe Room rate: double room week p	per night city tax and breakfast	included 13		
	BOOKING D	DETAILS		
NAME OF GUEST(S	S) ARRIVAL	NIGHTS	ROOM PRICE	PEOPLE
			119,95 WEEK	1
			91,95WEEKEND	1
			133,95WEEK	2
			105,95WEEKEND	2
In the event of late arrival, you your credit card details here be By confirming the booking for latereservations can be cancelled frontel.	pelow te arrival you agree the first nigl	ht to be cha	rged in case of so	called 'No-show'. However,
	Late Arrivals (after 2pm	1	
Please c	omplete all cases below a	nd return	this fax to the l	notel.
Credit Card type			Visa, Euroc., Ame	er. Expr.)
Credit Card number			(14 to 16 digits)	
Expiry Date of the Card			(month and year)	
Signature of the o	credit card holder			
or representative				
Payment conditions: Rooms a partially, will result in immediate conditions of sales.				
We are pleased to confirm your	reservation.			

Name:

FRANKY MOTTART