

**RESERVATION FORM EucA**

Dear Guest,

Thank you for your reservation request and for your interest you have shown in **B-aparthotel Ambiorix and B-aparthotel Montgomery.**

In order to reserve your room, please send us the form duly completed and signed by e-mail at the following address: [Reservations@b-aparthotels.com](mailto:Reservations@b-aparthotels.com)

WE WILL BOOK YOUR ROOM UPON AVAILABILITY AND SEND YOU THE CONFIRMATION WITHOUT THIS COMPLETED FORM, YOUR RESERVATION WON'T BE CONFIRMED

**Hotel information:**

Ambiorix: Square Ambiorix 28, 1000 Brussels. 0032 2 743 51 11. Reception opened from 8am to 8pm on weekdays except during bank holiday. Easy self-check-in 24h/24h.

Montgomery: Avenue de Tervueren 149, 1150 Woluwe-Saint-Pierre. 0032 2 743 51 11. Reception opened during working hours on weekdays except during bank holiday. Easy self-check-in 24h/24h.

**Room rate:**

Dates	26th April 2020	27th April 2020	28th April 2020
Single occ	<b>135 EUR</b>	<b>135 EUR</b>	<b>135 EUR</b>
Double occ	<b>150 EUR</b>	<b>150 EUR</b>	<b>150 EUR</b>

Please note the above rates include breakfast and VAT. The city tax of 4.24€/room/night is in supplement.

Please note all requests for overnight pre and post above mentioned dates are not permitted for this period.

**Cancellation conditions:**

Once booked, the room can be cancelled until **3 working days before the arrival date (21/04/20)** free of charge. In case of late cancellation or no-show the amount charged on the guest credit card will not be reimbursed

**Guest information:**

- Hotel Choice:                     Ambiorix     Montgomery
- First Name:                        .....
- Last Name:                         .....
- Address:                            .....
- Phone Number:                    .....
- E mail Address:                    .....



BEAPART NV : Square Ambiorix 28, 1000 Brussels, Belgium T: +32 (0)2 743 51 11 E: [info@b-aparthotels.com](mailto:info@b-aparthotels.com) W: b-aparthotels.com VAT: BE 0552.749.847

**We require the guest’s credit card in order to charge it**

**Guest Credit Card:**

- Type : .....
- Card number : .....
- Expiry date : .....

The provided credit card will be charged 3 days before the arrival date for the entire stay

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**This form must be duly completed and signed for the 16/03/2020 the latest.  
Past this date, rooms and rates are subject to availability.**

We thank you for your reservation. Meanwhile we remain at your entire disposal for any further information you might require.

Yours Sincerely,

***Signature + Full Name:***

***B-aparthotels  
Reservation Department***

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