



RESERVATION REQUEST FORM INDIVIDUAL RESERVATIONS

Hôtel Universel Montréal welcomes you as host of the **Montreal HomeShow 2019** from February 3rd to 10th, 2020. Kindly fill out and return this form by fax to 514-253-9958 or email at info@hoteluniverselmontreal.com.

Reservations cut-off date is January 10th, 2020.

Reservations made after this date are subject to availability at the published rates.

Please note that this reservation request form does not guarantee your reservation as of rooms has been reserved by the Promotor. A confirmation will be sent within 72 hours of receipt be sent within 72 hours following receipt of this form.

If no availability, please refer to the Promotor.

In order to benefit the special event rate, it is important to reserve by telephone or with this form. Any reservation made by Internet, including our web site www.hoteluniverselmontreal.com, will not be accepted at the special rate.

Three (3) different room categories
\$125 Standard 2 double beds
\$135 Superior 1 king bed
\$145 Prestige 1 king or 2 double beds

Last name: _____ First name: _____

Other occupants' names: _____

of people in the room: _____

Maximum 4 people/per room for Standard 2 double beds or Prestige 2 double beds

Maximum 2 people/per room for Superior 1 king bed or Prestige 1 king bed

Arrival date: _____ Departure date: _____

Company Name: _____

Fax number or e-mail address: _____

We offer a smoke free environment. There will be a 150\$ charge should the policy not be respected.

Type of room: Standard 2 double beds Superior 1 king size bed Prestige 1 king bed Prestige 2 double beds

Please note that these requests will be honoured according to availability.

Address: _____

Remarks: _____

A valid credit card number is **necessary** in order to guaranty the reservation. Please note that cancellations must be made 48 hours prior to arrival date in order to avoid charges.

Cardholder's name: _____ Tel.: _____

Type of card: Visa Master Card Amex Diner's

Card's number: _____ Exp. : ____ / ____

SECTION TO BE COMPLETED BY THE HOTEL

Reservation number: _____

Type of room:	Standard 2 double beds	Superior	<input type="checkbox"/>	Prestige	<input type="checkbox"/>
	<input type="checkbox"/>	1 king size bed	<input type="checkbox"/>	2 double beds	<input type="checkbox"/>

Date: _____

Reservation Agent: _____

5000, Sherbrooke Street East Montreal, QC H1V 1A1
Tel : 514.253.3365 Toll free : 1.800.567.0223 Fax : 514. 253.9958