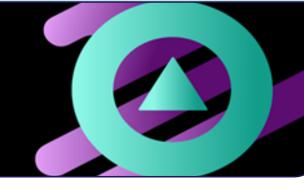
EVO MONTRÉAL RÉSIDENCE ÉTUDIANTE I STUDENT RESIDENCE





Reservation Information

Please fill out the form with all your information in order to send you all your booking documents needed for your reservastion.				DATE
PERSONAL	_INFORMAT	TION		
First Name :				
Last name :			Place Of Birth :	
Date of Birth :			Nationality :	
Email :			Domicile :	
Gender:	Male	Female		
Status	Student	Working Professional	Guarantor :	
School year			Post Code :	
Company name / School name			Phone:	
BOOKING	INFORMATI	ON		
Type of occupa	ncy			
Shared Room	with double Be	d	Single Room with a King	bed
Single Room v	vith a double Be	ed		
Arrival date :				
Departure date :				
ADDRESS	EVO STUDE		Client Signate	ure

A: 777, Rue Robert-Bourassa, Montréal Qc H3C 3Z7

THANK YOU

P: <u>(514) 395-8558</u> EXT 203 $\hbox{\bf E: saoussan.houali} @evoresidences.com\\$

Thank you for providing us with your information. We will get back to you with all the necessary documents in order to book your stay at EVO.