$HOTEL\ du\ LAC\ (formerly\ CLUB\ TREMBLANT)$

INDIVIDUAL REGISTRATION

| Name of event : Dates of event : | | | | | | |
|---|--|---|--------------------------------------|--|---------------------------|--|
| WG14 C: | Sept 25 – 29 | | oer 8 , 2005 oecial : | Sep 29 | | |
| WG21 C++: | Oct 2 – Oct 8 | _ | lenary: | Sep 30 – Oct 2 | | |
| CLIENT NAME : | | F | IRM: | | | |
| ADDRESS: | | | | | | |
| CITY | | PROV: | POST | AL CODE: | | |
| AFFILIATION | | | | | | |
| (residence) | (wo | ork): | fax; | | | |
| TYPE OF ACCOM | IMODATIONS (Taxo | es not included) | | | | |
| One (1) bedroom suite | • | Two (2) bed | droom suite | | | |
| 1 person per suite: \$1832 people per suite: \$133 | 3 people pe | 2 person per suite: \$143,00 per person per night 3 people per suite: \$123,00 per person per night | | | | |
| a | 4 people per suite: \$112,00 per person per night | | | | | |
| Smoking | Non smoking | Included in these ra | a t aa . | | | |
| Accommodation * Out | side parking * 3 meals per | | | * Daily maid service | e * Basic service charges | |
| | | • | | • | • | |
| Number of nights : | Arrival date : | | Depar | ture date : | | |
| I will share a suite with | : Names : | | | | | |
| Special needs (access or | r dietary): | | | | | |
| - | as participant, (eg \$133 e 75/night | each for 1-bedroom) | children u | nder 5 - free, ch | ildren 6-12 - \$45/night | |
| (Assumed by client) | E X # OF NIGHTS: | | 15 % of as | REQUIRED: sumed package between the rate will be | | |
| The face has been determ | inica according to the nun | iber of occupant. If the | s number var | ics, the rate will be | adjusted accordingly. | |
| Tremblant at th | DLICY: I be reimbursed, less a 25\$ e latest 7 days preceding tart of the event, the penalt | the arrival date. In the | case of a cor | mplete cancellation, | | |
| | dully filled as well as you the suites booked will be i | _ | | | • | |
| PAYMENT METHOD -Please find attached a ci Visa Master Card | : heque payable to Hotel Clu Enroute/Diner | | | -I prefer to use | my credit card | |
| Numher | | Fyniration date | • | | | |
| | Tremblant to use my cre | | | | ny cancellation penalties | |
| | Proceedings | | | | | |
| | Client's signature | | | | | |
| | RESERVATION: Fill i | | | | | |
| SEND TO: Alexandre OR by fax to: 819-425 | Courteau, Hôtel du Lac, 1 5-5617 | | | | , extension 1-652 | |
| Confirmation numb | er : | | | | | |
| | | | Da | te : | | |
| | Check-out: 12:00 | | 20 | • | | |
| | | | | | | |