

Confirmation	
Accomadation	
Deposit	
Email confirmation	

Auberge du Lac-à-l'Eau-Claire

In preparation for the CRAQ meeting from May 6th to 8th, 2025, please complete and return this booking form by email. Your reservation form must be received by **March 21, 2025** \cdot Please fill out this form in visible print.

Name :	Tel. :	
Address:	Email :	
Dietary restrictions ? :		
If you share your room with someone else, please ent	r their information as well:	
Name :	Tel.:	
Address:	Email :	
Dietary restrictions ? :		
Will this person participate to the meeting?	□ Yes □ * N	0
If you are sharing a room with your spouse and t Please contact with Léa Guillon at phone number		g,
1. Package Selection		
Congress package 2 nights - from May 6th t		
Rates per person, Service included (plus taxes)	Single Double Triple Quadr ☐ 594.50\$ ☐ 429.50\$ ☐ 391.50\$ ☐ 372	
Package description: Two nights accommodation, t access to the Health Center (semi-Olympic pool, baths	·	fees and
*OPTIONAL: Additional wints Monthly 2025		
*OPTIONAL: Additional night May 5th 2025 Rates per person Service included (plus taxes)	Single Double Triple Quadr	unle
Rates per person, Service included (plus taxes)	Single Double Triple Quadr □ 297.25\$ □ 214.75\$ □ 196.25\$ □ 186	
	☐ 297.25\$ ☐ 214.75\$ ☐ 196.25\$ ☐ 186 breakfast, one lunch, one dinner, service fees an	d access
Rates per person, Service included (plus taxes) Package description: One-night accommodation, one to the Health Center (semi-Olympic pool, baths and fitness.	☐ 297.25\$ ☐ 214.75\$ ☐ 196.25\$ ☐ 186 breakfast, one lunch, one dinner, service fees an	d access
Rates per person, Service included (plus taxes) Package description: One-night accommodation, one	☐ 297.25\$ ☐ 214.75\$ ☐ 196.25\$ ☐ 186 breakfast, one lunch, one dinner, service fees an	d access
Package description: One-night accommodation, one to the Health Center (semi-Olympic pool, baths and fither the selection Accommodation Type	□ 297.25\$ □ 214.75\$ □ 196.25\$ □ 186 breakfast, one lunch, one dinner, service fees and ess room).	d access
Package description: One-night accommodation, one to the Health Center (semi-Olympic pool, baths and fith 2. Selection Accommodation Type N.B. First come, First served!	□ 297.25\$ □ 214.75\$ □ 196.25\$ □ 186 breakfast, one lunch, one dinner, service fees and se	d access
Package description: One-night accommodation, one to the Health Center (semi-Olympic pool, baths and fith 2. Selection Accommodation Type N.B. First come, First served! Standard room at Inn (2 queen beds) / Pavillon (1	□ 297.25\$ □ 214.75\$ □ 196.25\$ □ 186 breakfast, one lunch, one dinner, service fees and se	d access
Package description: One-night accommodation, one to the Health Center (semi-Olympic pool, baths and fith 2. Selection Accommodation Type N.B. First come, First served! Standard room at Inn (2 queen beds) / Pavillon (1	breakfast, one lunch, one dinner, service fees and ses room). ueen bed) pavillon (1 Queen bed)	d access
Package description: One-night accommodation, one to the Health Center (semi-Olympic pool, baths and fith 2. Selection Accommodation Type N.B. First come, First served! Standard room at Inn (2 queen beds) / Pavillon (1 Standard room at the Inn (2 Queen beds) / Single Occupancy	breakfast, one lunch, one dinner, service fees and ses room). ueen bed) pavillon (1 Queen bed)	d access

2 Bedrooms Condo

*Please note that each room in a condo has its own bathroom and key.

Room A (2 double beds) ☐ Single Occupancy □ Double Occupancy Name(s):_____ ☐ Quadruple Occupancy ☐ Triple Occupancy Name(s) : _____ Room B (2 double beds) ☐ Single Occupancy □ Double Occupancy Name(s): _____ ☐ Triple Occupancy ☐ Quadruple Occupancy Name(s) : ______ **5 Bedrooms Condo** *Please note that each room in a condo has its own bathroom and key. Room A (2 Double beds) ☐ Single Occupancy □ Double Occupancy Name(s) : _____ ☐ Triple Occupancy ☐ Quadruple Occupancy Name(s): Room B (2 Double beds) ☐ Single Occupancy □ Double Occupancy Name(s): ☐ Triple Occupancy ☐ Quadruple Occupancy Name(s) : _____ Room C (2 Double beds) ☐ Single Occupancy ☐ Double Occupancy Name(s) : _____ ☐ Triple Occupancy ☐ Quadruple Occupancy Name(s) : _____ Room D (2 Double beds) ☐ Single Occupancy □ Double Occupancy Name(s) : _____ Room E (1 Double bed) ☐ Single Occupancy □ Double Occupancy

Name(s) : _____

3. PAYMENTS First participant: Payment required by **Visa or Mastercard** for deposit. On site, we accept **Visa**, **Mastercard**, **debit**, and **cash** payments. Expiration: Card number: □ Mastercard Name of cardholder: Second participant (If required): Payment required by **Visa or Mastercard** for deposit. On site, we accept Visa, Mastercard, debit, and cash payments. □ Visa Card number: Expiration: □ Mastercard Name of cardholder: 4. POLICIES **Reservation policies** Please note that we may not be able to give you the type of room selected. If the type of room selected is no longer available, we will assign another one without prior notice. Also, it will not be possible to accept any special demand to share the same condo unit. Please take notice that, no change of room will be allowed on site. **Payment policies** Upon reception of your reservation form, we will take the total payment on your credit card of your stay as guarantee. If this payment needs to be taken on a different card, please advise us when you send this present form. An invoice and proof of payment can be provided on site if needed. Please note that if you share a room for which there is only one credit card on this form, this card will automatically serve as final payment for both participants. **Cancellation policies** The equivalent of 35% of your reservation will be non-refundable but considered as a credit to your account for a period of six months if the cancellation is made more than 30 days prior to the arrival date. If the cancellation is made less than 30 days prior to the event, the 35% of your reservation will be lost without exception. In the case of a cancellation within 15 days of the event, accommodation fees will be charged. If the cancellation is made 2 days or less before arrival, the entire package will be charged. **Establishment policies** The property is entirely non-smoking, and pets are not allowed. By signing this form, I agree to pay the costs incurred in case of noncompliance with these regulations or of any damage caused to the establishment during the stay. An amount of \$200 will be required if occupants have smoked inside the accommodation. The amount for damages will be equivalent to the costs that the establishment will have to pay for repairs. Inn and pavilion room; Check in at 3 PM/ Check out at 11 AM Condos; Check in at 6 PM / Check out at 1:30 PM.

Please send your booking form to Ms. Léa Guillon at evenements@lacaleauclaire.com

Signature : _____

Date : _____

I acknowledge that I have read and agreed to the policies above:

Téléphone: 819-265-4328, poste 2015