



RESERVATION REQUEST FORM

It is with great pleasure that the Auberge Universel Hotel welcomes you to the Défi sportif which will take place from April 27 to May 2, 2010. Please fill this form and return it duly filled (see coordinates at the foot of the form).

Release date: **March 26, 2010.**

No vacancy guaranteed after this date and regular rate may apply. Please note that this reservation request form does not guarantee your reservation as only a limited amount of rooms have been reserved for the Défi sportif. You will receive a confirmation within 72 hours following the reception of this form to confirm your reservation. Please contact the Défi sportif team if there is no vacancy.

Reference : Défi sportif 2010

Rate : 93,00 \$ per night plus taxes (double occupancy)

Individual or team name _____

Check-in date Day | Month | 2010

Check-out date Day | Month | 2010

Number of rooms • 1 double bed _____

Number of rooms • 2 double beds _____

Number of rooms total _____ Contact person _____

Phone number _____ Email _____

For a group reservation please specify the dates of arrival (check-in) and departure (check-out) on the attached document entitled: «Rooming list»

Important non-smoking policy

The Auberge Universel offers a smoke free environment to all its customers. Failure to comply with this policy will result in an additional charge of 150\$ (cleaning fee). Please note that a deposit of 150\$ will also be required for every room individually invoiced. This deposit will be refunded upon departure after verification of the room by the hotel personnel.

Payment

Individual payment

Global payment

Credit card :

Visa

Mastercard

Amex

Diner's club

Card number _____ Expiration _____

Cardholder's name _____ Phone number _____

Individual payment: A valid credit card number is required to complete the reservation (policy of cancellation: 48 hours before date of arrival). Global payment (single payment for the whole group): 33% deposit mandatory upon reservation. This deposit is not refundable if the reservation is cancelled less than a month (30 days) prior to the event. Payment in full is due upon arrival. Rooms will be available starting at 3 pm and please take note that no room keys will be given until full payment is completed.

Reserved section for hotel personnel (do not fill)

Reservation number _____ Reservation agent _____

Check-in _____ Check-out _____

Note _____

**A complete rooming list must be submitted at least 30 days prior to your arrival.
Kindly fill the herewith form.**

Hôtel Auberge Universel
5000, Sherbrooke street East, Montreal, Quebec, H1V 1A1
Phone 514-253-3365 • Toll free 800-567-0223 • Fax 514-253-9958
www.auberge-universel.com • info@auberge-universel.com



DÉFI SPORTIF 2010 ROOMING LIST

Person name or team name _____ Sport _____
 Contact person _____ Title _____
 Phone _____ Email _____

Room 1

Name 1 _____	Name 2 _____
Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>	Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>
Name 3 _____	Name 4 _____
Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>	Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>
Check-in : Day Month 2010	Check-out : Day Month 2010

Room 2

Name 1 _____	Name 2 _____
Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>	Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>
Name 3 _____	Name 4 _____
Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>	Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>
Check-in : Day Month 2010	Check-out : Day Month 2010

Room 3

Name 1 _____	Name 2 _____
Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>	Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>
Name 3 _____	Name 4 _____
Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>	Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>
Check-in : Day Month 2010	Check-out : Day Month 2010

Room 4

Name 1 _____	Name 2 _____
Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>	Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>
Name 3 _____	Name 4 _____
Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>	Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>
Check-in : Day Month 2010	Check-out : Day Month 2010

Room 5

Name 1 _____	Name 2 _____
Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>	Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>
Name 3 _____	Name 4 _____
Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>	Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>
Check-in : Day Month 2010	Check-out : Day Month 2010

Room 6

Name 1 _____	Name 2 _____
Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>	Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>
Name 3 _____	Name 4 _____
Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>	Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>
Check-in : Day Month 2010	Check-out : Day Month 2010

Room 7

Name 1 _____	Name 2 _____
Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>	Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>
Name 3 _____	Name 4 _____
Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>	Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>
Check-in : Day Month 2010	Check-out : Day Month 2010

Room 8

Name 1 _____	Name 2 _____
Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>	Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>
Name 3 _____	Name 4 _____
Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>	Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>
Check-in : Day Month 2010	Check-out : Day Month 2010

Room 9

Name 1 _____	Name 2 _____
Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>	Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>
Name 3 _____	Name 4 _____
Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>	Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>
Check-in : Day Month 2010	Check-out : Day Month 2010

Room 10

Name 1 _____	Name 2 _____
Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>	Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>
Name 3 _____	Name 4 _____
Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>	Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>
Check-in : Day Month 2010	Check-out : Day Month 2010

Room 11

Name 1 _____	Name 2 _____
Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>	Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>
Name 3 _____	Name 4 _____
Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>	Person in wheelchair : Yes <input type="checkbox"/> No <input type="checkbox"/>
Check-in : Day Month 2010	Check-out : Day Month 2010