



Confirmation	
Accommodation	
Deposit	
Email confirmation	

Auberge du Lac-à-l'Eau-Claire

In preparation for the meeting from May 26th to 28th, 2026, please complete and return this booking form by email. Your reservation form must be received by **April 6th, 2026**. Please fill out this form in visible print.

Participant informations :

Name : _____ Tel. : _____
Address : _____ Email : _____
Dietary restrictions ? : _____

If you share your room with someone else, please enter their information as well:

Name : _____ Tel. : _____
Address : _____ Email : _____
Dietary restrictions ? : _____

Will this person participate to the meeting? ☐ Yes ☐ * No

If you share your room with someone else, please enter their information as well:

Name : _____ Tel. : _____
Address : _____ Email : _____
Dietary restrictions ? : _____

Will this person participate to the meeting? ☐ Yes ☐ * No

If you share your room with someone else, please enter their information as well:

Name : _____ Tel. : _____
Address : _____ Email : _____
Dietary restrictions ? : _____

Will this person participate to the meeting? ☐ Yes ☐ * No

Please note that all meals will be taken as a group, including participants and partners.

1. Package Selection

Congress package 2 nights - from May 26th to 28th, 2026

Rates per person, Service included (plus taxes)	Single	Double	Triple	Quadruple
	<input type="checkbox"/> 739.25\$	<input type="checkbox"/> 539.25\$	<input type="checkbox"/> 489.25\$	<input type="checkbox"/> 464.25\$

Package description: Two nights accommodation, two breakfasts, three lunches, two dinners, service fees and access to the Health Center (semi-Olympic pool, baths and fitness room).

*OPTIONAL:

Additional night May 25th, 2026

Rates per person, Service included (plus taxes)	Single	Double	Triple	Quadruple
	<input type="checkbox"/> 305.80\$	<input type="checkbox"/> 205.80\$	<input type="checkbox"/> 180.80\$	<input type="checkbox"/> 168.30\$

Additional night May 28th, 2026

Rates per person, Service included (plus taxes)	Single	Double	Triple	Quadruple
	<input type="checkbox"/> 305.80\$	<input type="checkbox"/> 205.80\$	<input type="checkbox"/> 180.80\$	<input type="checkbox"/> 168.30\$

Package description: One-night accommodation, one breakfast, one dinner, service fees and access to the Health Center (semi-Olympic pool, baths and fitness room).

2. Selection Accommodation Type

N.B. First come, First served!

Standard room at the Inn (2 Queen beds) / pavillon (1 Queen bed)

☐ Single Occupancy

☐ Double Occupancy

Name(s) : _____

☐ Triple Occupancy

☐ Quadruple occupancy

Name(s) : _____

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) : _____

☐ Triple Occupancy

☐ Quadruple 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) : _____

☐ Triple Occupancy☐ Quadruple 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.☐ Visa

Card number :

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Expiration :

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☐ 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 :

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Expiration :

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☐ Mastercard

Name of cardholder :

Third participant:Payment required by **Visa or Mastercard** for deposit.On site, we accept **Visa, Mastercard, debit, and cash** payments.☐ Visa

Card number :

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Expiration :

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☐ Mastercard

Name of cardholder :

Fourth participant:Payment required by **Visa or Mastercard** for deposit.On site, we accept **Visa, Mastercard, debit, and cash** payments.☐ Visa

Card number :

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Expiration :

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☐ 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.

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

Signature : _____

Date : _____

Please send your booking form to Ms. Léa Guillon at

evenements@lacaleauclaire.com

Téléphone : 819-265-4328, poste 2015