

**GRAND CHAPTER OF QUÉBEC, O.E.S.**

HOUSING RESERVATION FORM (ONE FORM PER ROOM)  
OCTOBER 11th, 12<sup>th</sup>, and 13<sup>th</sup>, 2017

Hôtel Castel & Spa Confort  
901 Principale, Granby, QC J2G 2Z5

Please check appropriate box for your room:

Economics	Rate	<input checked="" type="checkbox"/>	Hospitality Rooms	Rate	<input checked="" type="checkbox"/>
One queen bed & a single hide-a-bed	\$135.66		One queen bed	\$147.56	
			One queen bed & hide-a-bed	\$155.90	
			One King Bed	\$161.84	
			One King Bed & hide-a-bed	\$171.36	
			Two Queen Beds	\$183.26	
			Two queen beds w/shower no bath	\$183.26	

All prices are per night and include the lodging tax (\$3.00) Federal and Provincial Tax  
Take note that the taxes can change during the year without notice.

ALL RESERVATIONS MUST BE MADE THROUGH THE HOUSING CHAIRMAN  
RESERVATIONS MADE DIRECTLY TO THE HOTEL WILL BE NOT ACCEPTED

**THE DEADLINE FOR RESERVATIONS IS SEPTEMBER 11, 2017, AFTER THIS DATE CHEQUES WILL NOT BE ACCEPTED TO RESERVE A ROOM.**

First night's deposit required with reservation form either by cheque or by Credit Card  
CHEQUES ARE TO BE MADE PAYABLE TO: **HOTEL CASTEL & SPA CONFORT**  
YOUR CANCELLED CHEQUE OR CREDIT-CARD DEBIT IS YOUR ROOM CONFIRMATION

First come first served. All rooms subject to availability. If your room is not available, the hotel has the right to upgrade to the next type or category available at the price of this new room.

Please mail this completed Housing Reservation form along with payment (if applicable) to:

Housing Chairperson: Mr. Russell Lawrence, P.G.P.  
62 Depot Street  
Waterloo, QC JOE 2N0  
Tel : 450-539-2841

NAME OF ORIGINATOR: \_\_\_\_\_

ARRIVAL DATE: \_\_\_\_\_ DEPARTURE DATE: \_\_\_\_\_

Indicate number of people in the room: \_\_\_\_\_

Method of Payment: Cheque # \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Credit Card type: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Card # \_\_\_\_\_

NAME ON CARD \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**GUEST #1** (Responsible for room payment and reservation)

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province/State: \_\_\_\_\_  
PC/Zip: \_\_\_\_\_ Telephone # \_\_\_\_\_  
Email address: \_\_\_\_\_  
O.E.S. Title: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_  
Chapter Name & No. \_\_\_\_\_

**GUEST #2**

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_  
O.E.S. Title: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_  
Chapter Name & No. \_\_\_\_\_

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_  
O.E.S. Title: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_  
Chapter Name & No. \_\_\_\_\_

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_  
O.E.S. Title: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_  
Chapter Name & No. \_\_\_\_\_

**SPECIAL REQUESTS:**

(The Hotel will make every effort to accommodate your requests, but will not be able to guarantee it).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHECK-IN TIME: 4:00 P.M.**

**CHECK-OUT TIME: 12:00 NOON**

- THE HOTEL REQUIRES THAT YOU DO NOT GO TO THE ROOMS UNTIL YOU HAVE THE KEY FROM THE FRONT DESK PERSONNEL.
- THE HOTEL REQUIRES ONE HOUSING FORM PER ROOM
- THE HOTEL WILL NOT ACCEPT POST-DATED CHEQUES
- PLEASE NOTIFY THE HOUSING CHAIRMAN IMMEDIATELY IF YOU MUST CANCEL YOUR RESERVATION
- PERSONAL CHEQUES WILL NOT BE ACCEPTED WHEN CHECKING OUT OF THE HOTEL - CASH OR CREDIT CARD ONLY. CARDS ACCEPTED: VISA, MASTERCARD, DINERE'S CLUB, DISCOVER, AMERICAN EXPRESS