

Hotel Registration Form

UNITED THERAPEUTICS

February 23-26, 2010



LES HÔTELS
VILLEGIA
MANOIR DES SABLES

PLEASE FILL THIS FORM IN BLOCK LETTERS

Last name: _____ First name: _____

Address: _____

Phone (home): (____) _____ Phone (work): (____) _____

E-mail: _____ Fax: (____) _____

Date of arrival: __/__/____ (after 4:00pm) Date of departure: __/__/____ (before noon)

Number of people: _____ 1 bed: _____ 2 beds: _____ Kids & age: _____

Smoking: _____ Non-smoking: _____ Special request: _____

I would like to share my room with:

Last name _____ First name: _____

DEPOSIT AND CANCELLATION POLICY: An individual registration with a credit card number in order to take a deposit of \$100.00 per room is required with this registration form. Reservation is only guaranteed if made to Manoir des Sables before January 23, 2010. However, you may still request a room reservation as long as there is availability in the Hotel (room).

If a written cancellation (fax, e-mail, mail) is sent to us before January 23, 2010 no penalty will be applied. If we receive the cancellation after January 23, 2010 the first night reserved will be charged on the credit card number provided to us.

Full payment of the stay and personal expenses are payable upon departure.

PAYMENT

Please charge on my credit card: VISA MASTER CARD AMEX EN ROUTE

We do not accept Discover card.

Card number: _____ Expiration date: ____/____/____

Signature: _____

ROOM RATE:

Rate : \$129.00 single or double occupancy

- * Taxes extra.
- * Per room, per night.
- * CANADIAN CURRENCIES

RESERVATION:

**Please send your registration form by
mail or fax only**

Manoir des Sables
90, av des Jardins
Orford (Québec) J1X 6M6

FAX: (819) 847-3519
WEB SITE: www.manoirdessables.com