

Canadian Crude Oil Conference
September 13th – 15th, 2011



NAME OF PERSON REQUESTING ROOMS: (please print legibly)

LAST NAME _____ FIRST NAME _____

STREET ADDRESS/BOX NUMBER _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE NUMBER _____ FAX NUMBER _____ EMAIL _____

Date of Arrival _____ Date of Departure _____

Fairmont President's Club # _____

Preferences: (Kindly note, the hotel will endeavour to fulfill all requests, however such are subject to availability):

Bed Type Request: King _____ Queen _____ Two Beds _____

RESERVATIONS Call Toll-free 1 (800) 441-1414

# of Rooms Required	Accommodation	Rate Single Occupancy	Rate Double Occupancy
	Fairmont	\$289.00	\$299.00
	Fairmont Lakeview	\$389.00	\$399.00
	Deluxe	\$389.00	\$399.00
	Deluxe Lakeview	\$439.00	\$449.00
	Junior Suite	\$489.00	\$499.00
	Junior Suite Lakeview	\$639.00	\$649.00
	One-Bedroom Suite	\$689.00	\$699.00
	One-Bedroom Suite Lakeview	\$789.00	\$799.00

- Above rates include a \$10.00 per person/per day Resort Service charge which covers portage & housekeeping gratuities.
- Triple or quadruple occupancy is available at an additional charge of \$25.00 per adult, per day.
- Kindly note that maximum occupancy for Fairmont & Fairmont-Lakeside accommodation is two (2) persons, *and all other accommodations maximum of four (4) adults per guest room.*
- Children under the age of 18 years, sharing a room with their parent/guardian(s), are accommodated at no additional charge.
- All room rates are subject to a 4% Alberta Tourism Levy, 5% Goods & Services Tax (GST) and a 2% Tourism Improvement Fee.

Reservations must be guaranteed with a major credit card or first-night's deposit. **Reservations must be received by Saturday, August 13th, 2011.** Guestroom types based on availability. After this date, reservations will be subject to the Hotel's general availability. Kindly forward this completed form to our Reservations Department by mail, fax **(403) 522-3834** or e-mail: cll.reservations@fairmont.com. The hotel will then confirm your reservation to you directly shortly thereafter.

___ Guaranteed by credit card (American Express, Visa, Diners Club, En Route, JCB, or MasterCard).

___ Guaranteed by first night's deposit (cheque enclosed).

Credit Card Number _____ Expiry Date: _____

Cancellation Policy: I understand I am liable for one night's room and tax charge, which will be deducted from my deposit or billed through my credit card in the event that I cancel with less than 72-hours' notice prior to arrival.

Signature _____ Date _____