

REGISTRATION FORM

R.S.V.P. QUICKLY • PLACES ARE LIMITED FILL THIS FORM
AND SEND IT TO US

BY CLICKING THE “SEND” BUTTON
AT THE BOTTOM OF THE PAGE.

If you have issues, please print and email to cindy.gascon@fairmont.com



I AM INTERESTED IN PARTICIPATING IN THE “PCMA CIC - POST FAM TOUR”.

NAME

TITLE

ORGANIZATION / COMPANY

ADDRESS

CITY

PROVINCE

POSTAL CODE

TELEPHONE

E-MAIL

ALLERGIES OR FOOD RESTRICTIONS:

NO FISH NO GLUTEN NO PORK LACTOSE INTOLERANCE

OTHER:

PLEASE PROVIDE US WITH INFORMATION FOR YOUR NEXT
POSSIBLE MEETING/EVENT THAT COULD BE AN OPPORTUNITY
FOR FAIRMONT LE MANOIR RICHELIEU:

POTENTIAL DATES/TIME OF YEAR:

MEETING PROFILE:

(pattern, overview of meeting requirements, trade show, exhibitions, etc.)

NUMBER OF ATTENDEES:

NUMBER OF ROOMS REQUIRED: