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# QUEBEC

A MULTI-TOPIC CLE SEMINAR

Feb. 28 - March 1, 2024 • Fairmont Le Château Frontenac • 1 rue des Carrières • Quebec City, Quebec

GENERAL INFORMATION

Judge Bar Roll Number \_\_\_\_\_

Ms.  Mr. Name \_\_\_\_\_

First Name for Badge \_\_\_\_\_

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Fax \_\_\_\_\_

Please check here or contact the LSBA if you have a disability which may require special accommodations at this conference. The LSBA is committed to ensuring full accessibility for all registrants.

HOTEL PAYMENT

## Fairmont Le Château Frontenac

### Room Choices

(indicate choice on form)

	Signature .....	\$244. <sup>73</sup>	Fairmont Gold Riverview .....	\$267. <sup>04</sup>
	Junior Suite.....	\$304. <sup>24</sup>	Fairmont Gold Signature .....	\$378. <sup>62</sup>
Fairmont .....	Frontenac Suite .....	\$453. <sup>01</sup>	Fairmont Gold Junior Suite..	\$490. <sup>20</sup>
Deluxe Courtyard.....	Heritage Suite.....	\$713. <sup>35</sup>	Fairmont Gold Suite.....	\$713. <sup>35</sup>
Deluxe City View .....	Executive Suite.....	\$1308. <sup>44</sup>	Fairmont Gold	
Deluxe Riverview.....	Fairmont Gold City View.....	\$252. <sup>17</sup>	Signature Suite .....	\$1308. <sup>44</sup>

I authorize the LSBA to make the following reservations at *Fairmont Le Château Frontenac* on my behalf (check one):

**Room Choice** \_\_\_\_\_

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

**Note:** Check-in time is 4 p.m. Check-out time is 12 noon. The hotel will make reasonable efforts to accommodate early arrivals.

Confirm my reservation with my check (If paying by check, make housing check only payable to Fairmont Le Château Frontenac.)

Confirm my reservation with my credit card:  Visa  MC  AmEx  Discover  Diners Club

Last four (4) digits of credit card \_\_\_\_\_

Name as it Appears on Card \_\_\_\_\_

Billing Address on Card \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Signature \_\_\_\_\_

SEMINAR PAYMENT

**Pay by Check:** Make checks payable to the Louisiana State Bar Association.

**Pay by Credit Card:** Please charge \$ \_\_\_\_\_ to my credit card  VISA  MC  Discover

Last four (4) digits of credit card \_\_\_\_\_

Name as it Appears on Card \_\_\_\_\_

Billing Address on Card \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Signature \_\_\_\_\_

CREDIT CARD INFO

The credit card information below will be destroyed after your credit card has been charged:

#### CLE REGISTRATION

Please charge \$ \_\_\_\_\_ to my credit card  VISA  MC  Discover

Credit Card Account Number: \_\_\_\_\_

Expiration \_\_\_\_\_ Security Code \_\_\_\_\_

The credit card information below will be destroyed after your credit card has been charged:

#### HOTEL REGISTRATION

Please charge \$ \_\_\_\_\_ to my credit card  VISA  MC  Discover

Credit Card Account Number: \_\_\_\_\_

Expiration \_\_\_\_\_ Security Code \_\_\_\_\_

The LSBA will no longer accept registration forms with credit card information via email. **REGISTRATION FORMS MUST BE MAILED OR FAXED.**

Please return this form with your remittance to:

Seminar Registration - Louisiana State Bar Association, 601 St. Charles Ave., New Orleans, LA 70130-3404

Questions? Please call (504)619-0102 • (800)421-5722, ext. 102 • fax (504)598-6753