

VIP GIFTS CERTIFICATES

Because really they deserve!

#1 Package *Room and breakfast* 395 \$

1 night in a Fairmont View room
Buffet breakfast for 2 at Windigo restaurant
Valet Parking

#2 Package *Gourmet* 525 \$

1 night in a Fairmont View room
Buffet breakfast for 2 at Windigo restaurant
Dinner for 2 (buffet or À la carte) at Windigo
Valet Parking

#3 Package *Gourmet 2-night* 995 \$

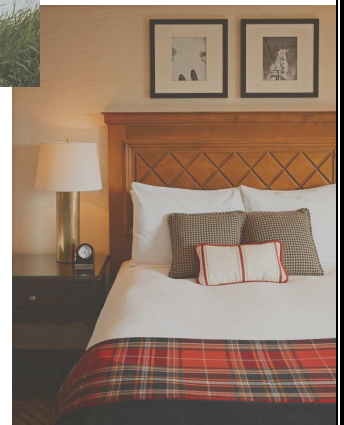
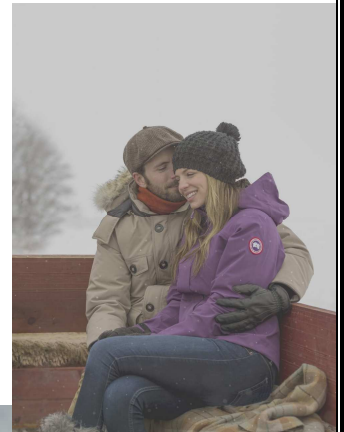
2-night stay in a Fairmont View room
Daily buffet breakfast for 2 at Windigo restaurant
Daily dinner for 2 (buffet or À la carte) at Windigo
Valet Parking

#4 Package *Golf* 625 \$

1 night in a Fairmont View room
Buffet breakfast for 2 at Windigo restaurant
2 rounds of golf in Mont-Tremblant (Le Géant or Le Diable)
Valet Parking

#5 Package *Ski* 575 \$

1 night in a Fairmont View room
Buffet breakfast for 2 at Windigo restaurant
2 Tremblant ski lift tickets
Valet Parking



For more impact, higher room categories surcharges :
Fairmont Deluxe + 50 \$ per night
Junior Suite + 110 \$ per night
One-bedroom Suite with kitchen + 145 \$ per night

Prices are **inclusive** of gratuities and applicable taxes (Royalty, PST and GST) – Subject to change without notice
No alcohol drinks included

Gift certificates are not accepted for following dates :

From December 22nd to January 5th, from February 15th to 17th, or on the Saturday night prior any IRONMAN Race

Advance bookings highly recommended

For information or purchase CMT.reservation@fairmont.com – 819-681-7614

VIP GIFTS CERTIFICATES

For an easy transaction and a fast delivery

Please fill up this form and send to cmt.reservation@fairmont.com

Selected Package number: _____ **Value of \$** _____ **Quantity** _____

Gift Certificate for: _____

(Please identify who will be receiving this certificate)

Purpose/message: _____

(Anniversary, golf tournament...)

Person responsible for payment: _____

E-mail : _____

Phone: (____) ____ - _____ Ext. : _____

Mailing address: _____

(Where certificate will be sent)

I authorize Fairmont Tremblant to debit payment of \$ _____ on my card, in date of _____

Card holder name: _____

Card number : _____ Expiry date: _____

Signature : _____ Date : _____

Please join to this form a copy of both sides of your credit card in order to complete the transaction

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