



Conference/Meeting Booking Form

1. Details

Company/
Organisation Name:

Full Name of Contact
Person Responsible:

Job Title:

Address for Invoice:

Tel:

Fax:

Email:

2. Event Details

Event Title:

Date of Event:

Arrival Time: Departure Time:

Access Required from:

Expected No. of Delegates

Daily Delegate Package: 1-3 Hours Half Day Full Day

3. Seating Plan

Arrangement		Arrangement		Arrangement	
Boardroom		U-Shaped		Banquet	
Cabaret		Classroom		Theatre	
Hollow Sq		Columns		Own Style	



Conference/Meeting Booking Form

4. Catering

Food Required	Food	Time	Number of People
Arrival			
Mid-Morning			
Lunch			
Mid-Afternoon			
Buffet of Lunch Menu			
Additional Extras, eg. Pastries, Orange Juice			
Special Dietary Requirements			

5. Audio Visual Equipment

Equipment	Details
Data Projector/Screen	
Laptop	
FlipChart & Pens	
TV/DVD	
Microphone	
Other (Please Specify)	
Facilities Required: Internet/CD Player/Telephone	
Additional Requirements	

6. Payment Details

Payment Method	Details
On Arrival	
Invoiced Out	
In Advance	

Name:.....
Signature: