

Conference Check List

Organisation: _____

Contact Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Date of Function: _____

Anticipated Number Attendees (please include presenters & officials): _____

Commencement Time: _____ Completion Time: _____

Signage for Board: _____

- Room Set-up:
- Theatre Style
 - Board Room Style
 - Class Room Style
 - Banquet Style
 - U Shape

- Equipment:
- Data Projector
 - Electric White Board
 - Flip Chart & Paper
 - TV / DVD Player
 - Projection Screen
 - White Board & Markers
 - Side Tables Number _____

- Catering:
- All Day Tea & Coffee Facilities
 - Jugs of Juice or softdrink served at _____ am
 - Morning Tea Option Number _____ served at _____ am
 - Lunch Option Number _____ served at _____ pm
 - Afternoon Tea Option Number _____ served at _____ pm
 - Platter Option Number _____ served at _____ am/pm
 - Dinner Option Number _____ served at _____ pm
 - Breakfast Option Number _____ served at _____ am
 - Special Dietary Requirements _____

Accommodation: Number of Rooms _____

Payment: Credit Card Type _____
Credit Card Number _____
Credit Card Exp. Date _____

I confirm that I have read, understand and accept the Terms and Conditions of this booking and authorise the processing of the payment for this booking.

Signature.....

Date.....

Name