

EVENT ENQUIRY

Client name:

Organisation:

Phone:

Email:

Address:

Have been here before? Yes

No... Okay, how did you hear about us?

Tell me about your event....

MEETING REQUIREMENTS

Event name:

Event type:

No of guests:

Proposed dates:

Dates flexible?

Arrival time:

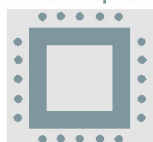
Departure time:

Plenary room layout:

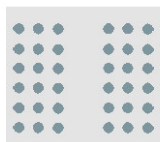
U-Shape



Hollow Square



Theater



Classroom



Banquet



Catering requirements:

Breakout requirements:

AV requirements:

Additional Notes:

DINNER REQUIREMENTS

Proposed dates:

Duration:

Preferred Setup:

Catering package:

Beverage Package:

AV requirements:

Additional Notes:

ACCOMMODATION REQUIREMENTS

Arrival date:

Departure date:

No. of rooms required:

Single or twin share:

Additional notes:

