

## BOOKING FORM

Company name: _____	Event name: _____	
Arrival date/s: _____	Departure date/s: _____	
VAT number: _____	Tel: _____	Cell: _____
Address: _____		
_____		
Email: _____		
Contact person: _____	Contact on the day: _____	Number of guests: _____

**Additional requirements:** Indicate requirements and quantities, i.e. breakaway areas

Venue set up: U Shape _____ <input type="checkbox"/>	Schoolroom style _____ <input type="checkbox"/>	Cinema style _____ <input type="checkbox"/>	Boardroom style _____ <input type="checkbox"/>
Full day conference with light lunch _____ <input type="checkbox"/>	Full day conference with buffet lunch _____ <input type="checkbox"/>	Half day conference (no lunch) _____ <input type="checkbox"/>	
Half day conference (with lunch) _____ <input type="checkbox"/>	Stand-up/cocktail _____ <input type="checkbox"/>	Banqueting style _____ <input type="checkbox"/>	

**Conference programme:** Indicate times

Arrival: _____	Mid-morning break: _____	Lunch: _____
Mid-afternoon break: _____	Cocktail/canape: _____	Dinner: _____

**Dietary requirements:** Indicate number of guests (\*Additional charges apply)

Halaal:* _____	Kosher:* _____	Vegetarian: _____	Soft drinks: _____	Full bar on account: _____	Cash only: _____
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**Additional equipment:** (Indicate equipment and quantity required, i.e. PA system: additional charges apply )

Flip chart: _____	Data projector and screen: _____	Whiteboard:* _____	Podium: _____
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Notes: \_\_\_\_\_

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