

FUNCTION ENQUIRY FORM

Company Name: _____

Organiser Contact Details

Name: _____

CONTACT ON DAY: _____

Ph: _____

Dates: _____

Fax: _____

Times: _____

E-mail: _____

Number attending: _____

Type of Function

- Conference
- Meeting
- Meal
- Cocktail

Style of Seating

- U-Shape
- Board room
- Theatre
- Class room

Equipment Requirements

- Overhead projector/Screen
- Slide projector/Screen
- Flipchart
- CD player
- Electronic whiteboard
- Whiteboard
- TV and Video
- Other

ACCOMMODATION IF REQUIRED/SPECIAL REQUESTS

<u>Food / Beverage</u>	Time	Pax	Menu Type / Special Request
Tea & Coffee on arrival			
Morning Tea			
Lunch			
Afternoon Tea			
Dinner / Drinks			