

Request A Conference Quotation Event Name: Title: First Name: Surname: Position: Company: Address: Postcode: City: State: Country: Phone: Fax: Mobile: Email: **Event Details:** Preferred Location(s) (eg Sydney, New Zealand, Gold Coast, Hunter Valley): Have you contacted any other venues regarding this event (provide details): Are there any venues you would particularly like us to contact (provide details): Are there any venues you would like us not to contact (provide details): Venues previously used (if known): Are conference dates known (provide details): Number of delegates attending (if known): **Conference Room** Theatre style Classroom U-shape Setup: Boardroom Hollow square Cabaret / banquet Additional information (provide details):



Number of conference															
Conference start / finis	sh times	(if know	/n):												
Start time:	Finish			sh tin	ne:										
Audio Visual Equipment Required:			□ Data Pi			rojector		Screen			Le	Lectern			
			N	/licroph	none			Flip Chart				W	Whiteboard		
			T	V/Vide	eo/DVD			Additional information				(provide details):			
			ı				ı	ı							
Food and Beverage Requirements:			E	Breakfa	ast			Arrival Tea/Coffee			fee		М	Morning Tea	
			L	unch				Afternoon Tea/Coffee				Dii	Dinner		
			1	Additional information (provide details):								I			
		1	1								I				
Accommodation Rec	 uireme	nts:													
Arrival date:	De			partu	ure date:										
Number of delegates i	equiring	accom	mod	lation:		I				I					
Preferred room types:	Single	ngle			□ Twin S		e				□ Quad Share				
Other Requirements		1				ı				l				l	
Will you incorporate group leisure / activities / team building (provide details):															
Do you require registration services (provide details):															
					[
Any other relevant information:															