



EVENT/CONFERENCE TITLE:

NAME OF EVENT/CONFERENCE ORGANISER:

EMAIL/CONTACT TELEPHONE NUMBER:

SOURCE OF FUNDING:

DATES OF EVENT  TO

NUMBER OF PARTICIPANTS:

TIMINGS:

**LECTURE/SEMINAR/MEETING ROOM REQUIRED (PLEASE TICK)**

L1  L2  L3  SGHR  SGT14  SGSR1  SGSR2

IS A REGISTRATION DESK REQUIRED? (PLEASE TICK)

YES  NO

IF THE ANSWER TO ABOVE IS YES, FROM WHAT TIME WILL IT BE REQUIRED?.....

**ROOM REQUIREMENTS (PLEASE TICK AS APPROPRIATE)**

OHP  DATA PROJECTOR  WHITEBOARD  FLIP CHART  MICROPHONE

OTHER:

DO YOU HAVE ANY SPECIAL ACCESS REQUIREMENTS?

YES  NO

IF ANSWERED 'YES' PLEASE GIVE DETAILS

DO YOU HAVE ADMINISTRATIVE SUPPORT?

YES  NO



**REFRESHMENT REQUIREMENTS (PLEASE COMPLETE AS APPROPRIATE)**

REGISTRATION TEA/COFFEE

MORNING TEA/COFFEE & BISCUITS

LUNCH:

CUT SANDWICHES  CAKE PLATTER  FRESH FRUIT  X.....NUMBER OF PIECES

ORANGE JUICE  X.....NUMBER OF CARTONS

AFTERNOON TEA/COFFEE & BISCUITS

DRINKS RECEPTION:

RED WINE  X.....NUMBER OF BOTTLES

WHITE WINE  X.....NUMBER OF BOTTLES

REFRESHMENT NIBBLES

DO YOU HAVE ANY SPECIAL DIETARY REQUIREMENTS? (PLEASE DETAIL)

DO YOU REQUIRE ANY ASSISTANCE WITH ORDERING OUTSIDE CATERING? YES  NO

IS CAR PARKING REQUIRED? (NOT AVAILABLE AT ALL TIMES) YES  NO

ADDITIONAL INFORMATION:

SIGNED:..... DATE:.....



OFFICE USE ONLY:

BOOKING CONFIRMED WITH ROOM BOOKINGS	<input type="checkbox"/>	...../...../.....	CONFIRMATION EMAIL SENT	<input type="checkbox"/>	...../...../.....
BOOKING RECORDED	<input type="checkbox"/>		CARETAKING TEAM BRIEFED	<input type="checkbox"/>	
POST EVENT FOLLOW-UP/INVOICE SENT	<input type="checkbox"/>				