

Organiser Details:

Name of organisation/Group: _____

Name of contact: _____

Address: _____

Phone: _____ Email: _____

Event Details:

Event Title: _____

Main purpose of event: _____

Date of Event: _____

Anticipated number of guests: _____

Arrival/set-up time: _____ Event start time: _____

Event end time: _____ Departure time: _____

Set-up Details:

- | | | |
|---|---|--|
| <input type="checkbox"/> Boardroom
(20 guests) | <input type="checkbox"/> Classroom
(up to 45 guests) | <input type="checkbox"/> Lecture
(up to 100 guests) |
|---|---|--|

Food Requirements:

- | | | |
|-------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Bringing Own | <input type="checkbox"/> Catered |
|-------------------------------|---------------------------------------|----------------------------------|

Catered Food Preferences:

Beverages/Snacks:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Water (pitchers) | <input type="checkbox"/> Water (bottled) | <input type="checkbox"/> Juice/Pop |
| <input type="checkbox"/> Coffee | <input type="checkbox"/> Decaf | <input type="checkbox"/> Tea |
| <input type="checkbox"/> Muffins | <input type="checkbox"/> Cookies | <input type="checkbox"/> Other: _____ |

Lunch:

- | | | |
|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Cold | <input type="checkbox"/> Warm | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sandwiches/Wraps | <input type="checkbox"/> Soup | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Salads | <input type="checkbox"/> Pasta/Meat | <input type="checkbox"/> _____ |

Special dietary requirements:

- | | | |
|-------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Gluten Free | <input type="checkbox"/> Other: _____ |
|-------------------------------------|--------------------------------------|---------------------------------------|

I confirm that the information provided on this form is correct and that I will subject to a 10% administration fee should the event and services be terminated four working days prior to event.

Signed: _____

Name (please print): _____

Position: _____

Date: _____