

Corporate and events

CONFIRMATION FORM



DATE OF FUNCTION: _____ TYPE: _____ ROOM: _____

FUNCTION NAME: _____

BUSINESS NAME (required for billing) _____

HIRE TIME FROM _____ TO _____ WELCOME TV TO READ: _____

APPROX NOS: _____

Final Numbers/Dietary Requirements to be advised no later than 5 working days prior to the event. You will be charged on these numbers

CONTACT NAME: _____ EMAIL: _____

PHONE: _____ MOBILE: _____

POSTAL ADDRESS: _____

CATERING REQUIREMENTS: _____

DIETARY REQUIREMENTS: _____

BAR REQUIREMENTS: Bar Account Amount: \$ _____

LIST OF DRINKS _____

TIME FROM _____ TO _____ INCLUSIVE TO All Guests VIP ONLY

DETAILS _____

ROOM SET UP

- | | | |
|------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> THEATRE | <input type="checkbox"/> CLASSROOM | <input type="checkbox"/> U-SHAPE |
| <input type="checkbox"/> BOARDROOM | <input type="checkbox"/> CABARET | <input type="checkbox"/> COCKTAIL |

- | | | | |
|---|------------------|--------------------------------------|------------------|
| <input type="checkbox"/> Registration Table | Chairs No. _____ | <input type="checkbox"/> Head Table | Chairs No. _____ |
| <input type="checkbox"/> Display Table | Table No. _____ | <input type="checkbox"/> Round Table | Chairs No. _____ |

EQUIPMENT HIRE

- | | | |
|--|--|---|
| <input type="checkbox"/> LECTERN & MICROPHONE | <input type="checkbox"/> EXTRA MIC \$25 | <input type="checkbox"/> LAPEL MIC (1) \$55 |
| <input type="checkbox"/> PROJECTOR & SCREEN \$100 | <input type="checkbox"/> DATA PROJECTOR \$50 | <input type="checkbox"/> PROJECTOR SCREEN \$100 |
| <input type="checkbox"/> PROJECTOR POINTER \$25 | <input type="checkbox"/> FLIP CHART \$40 | <input type="checkbox"/> WHITEBOARD \$40 |
| <input type="checkbox"/> LAPTOP \$50 | <input type="checkbox"/> HDMI CABLE \$20 | |
| <input type="checkbox"/> DOUBLE PROJECTOR & SCREEN \$150 <small>(Presidents Room Only)</small> | | |

TECHNICAL SUPPORT \$38 P/HR MIN 2HRS - REQUIREMENTS: _____

Signed: _____ Date: / /

NO FOOD/BEVERAGES ARE TO BE BROUGHT ONTO THE PREMISES FOR CONSUMPTION. FULL CHARGE OF ROOM RATES, EQUIPMENT HIRE & CATERING WILL BE CHARGED IF EVENT IS CANCELLED WITH LESS THAN 24HRS NOTICE OF THE EVENT \$200 Deposit to be PAID to confirm your event. A 7 day account will be issued after function.