

Conference Venue Quote Request

VENUE		
VENUE REQUIREMENTS		
ROOM NAME SIZE SEATING	_____ # attendees; _____ # facilitators/coaches Format _____	
DATE & TIME		
EQUIPMENT & SUPPLIES	▶ Electronic White Board & plenty of paper (extra rolls & pens) ▶ Data Show Projector ▶ TV – Video Player ▶ Over Head Projector & Screen ▶ Photocopier Access – ability to copy transparencies ▶ Flip Charts ▶ Fax machine ▶ Paper & Pens ▶ Flip Charts ▶ Lecturn & Mic	
REFRESHMENTS LOCATION BREAKFAST MORNING & AFTERNOON TEA LUNCH DINNER & SPECIAL DIET REQUESTS	▶ Served/Buffer – menu fixed or options ▶ Tea, Coffee, Fruit Juice, Sweet biscuits, Cakes, Cheese platter, Fruit ▶ Tea, Coffee, Fruit Juice, Open Sandwiches, Soup, Fruit ▶ Menu choices	
CONTACT PERSON(S) TITLE	1. _____	2. _____
PHONE & FAX	_____	_____
EMAIL ADDRESS	_____	_____
CONFIRMATION BY:	_____	_____
OTHER INFORMATION PARKING DEPOSIT CANCELLATION POLICY	_____	_____
TOTAL COST & BREAKDOWN	_____	_____

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