

## Benvenue Hotel

## Conference Booking Confirmation

Organisation Information		
Name		
Contact Person		Phone no:
Email		
Invoicing Address		
Email Address		
Phone Number		
Conference Facilitator		
Payment by Credit Card	Number:	Expiry Date:
Or Chargeback	Purchase Order No:	
Conference Information		
Date(s) of Conference/Meeting/Dinner		
Start Time		
Finish Time		
Number of Attendees		
Tea/Coffee on Arrival	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Time:
Morning Tea	Type:	Time:
Lunch	Type:	Time:
Afternoon Tea	Type:	Time:
Supper/Canapes	Type:	Time:
Room Set-up		
Room Type:	<input type="checkbox"/> Main <input type="checkbox"/> Boardroom <input type="checkbox"/> Brooklyn <input type="checkbox"/> Harry's	
Room Configuration:	<input type="checkbox"/> Boardroom <input type="checkbox"/> Classroom 1 2 <input type="checkbox"/> Theatre 1 2 <input type="checkbox"/> U-Shape Specify:	
Equipment Required: (Consumables Chargeable)	<input type="checkbox"/> Head Table <input type="checkbox"/> Data Projector +Screen <input type="checkbox"/> Lectern <input type="checkbox"/> Pens & Paper <input type="checkbox"/> Flip Chart <input type="checkbox"/> TV <input type="checkbox"/> DVD <input type="checkbox"/> Extension Cords <input type="checkbox"/> Whiteboard	
Special Equipment Requirements:	Audio Visual: May be hired:	
List Other Requirements:	If you are bringing your own equipment please be able to connect it yourself or we could arrange a technician (Chargeable).	
Please return by:	Email:stay@benvenuehotel.co.nz	
Office Use	Account#	Res #

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Accommodation Requirements	Company Name:	
	Dates	
	Check-in	Check-out
Name:		
Name:		
Name:		
Name:		
Name:		
Payment Method:	On above account: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Credit Card:	Exp: