

**FLOWERDALE ESTATE
CONFERENCE FACILITIES**
Copy this tick ✓ into the boxes below

COMPANY: _____

DATES: _____

COMPANY CONTACT FOR CONFERENCE: _____

FACILITATOR(S) / TRAINER(S) NAME(S): _____

FACILITATION COMPANY: _____

CONFERENCE ROOM SET UP (x number of delegates)

- U SHAPE x _____
- BOARD x _____
- THEATRE x _____
- CLUSTERS x _____ (_____ per table)
- ROUND TABLES x _____ (_____ per table)
- CLASSROOM x _____

DO YOU REQUIRE ANY ROOM SET CHANGES? (please specify)

SYNDICATE ROOMS x _____ \$110.00 PER ROOM PER DAY

PAX IN EACH x _____

Please indicate set up and equipment below:

CONFERENCE ROOM EQUIPMENT

– please copy and paste this tick ✓ in the boxes below

Standard Conference Equipment

- WHITEBOARD x _____
- FLIPCHART x _____
- OVERHEAD PROJECTOR (*for use of transparency film*)
- SCREEN
- VHS & MONITOR
- DVD PLAYER
- PADS & PENS
- CD PLAYER
- ELECTRONIC WHITEBOARD
- DATA PROJECTOR

Additional Facilities

- LAPEL MICROPHONE - P.O.A.
- DRINK BOTTLES X _____ \$5.00 PER BOTTLE
(These are empty 750ml sport drink bottles)
- STAGE – Please contact your Conference Co-ordinator for more details and pricing.

PHONE CALLS (please tick)

- MASTER BILL
- ROOM ACCOUNTS

GUEST SUNDRIES (please tick)

- MASTER BILL
- ROOM ACCOUNTS

Please tick if you would like a briefing on Safety Procedures at the beginning of your conference.

Time required: _____ Day required: _____

DAY EVENT BEVERAGE REQUIREMENTS

COMPANY:

DATE:

Please tick	Lunch
Water	✓
Juice	
Soft Drink	
Wine & Local Beer	
Wine & all Beer	
Open Bar (inclusive spirits and liqueurs)	
Room Accounts only <i>(Individuals pay their own account on check out)</i>	

Do you have any changes to these requirements during your stay: Y/N

If yes, please specify changes below:

IF PRE-SELECTING WINES, PLEASE SPECIFY

To view our wine list visit the dining section on our website at www.summitconference.biz

*** Please note beverages selected above are charged on consumption basis.**

Flowerdale Estate is not licensed for BYO alcohol. Should alcohol be brought on to the premises, it will be removed and appropriately stored. It will be returned to your group upon check out.

BAR LIMIT (if applicable): _____

CLOSING TIME (if applicable): _____

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

DAY AGENDA DETAILS

COMPANY NAME:

DAY & DATE:

MEAL	TIME	NUMBERS
ETA		
MEETING		
M/TEA		
MEETING		
LUNCH		
MEETING		
A/TEA		
MEETING		
ETD		

UPGRADE OPTIONS

CHEESE & FRUIT PLATTER – Time required _____
(Additional \$5.50 per person)

OTHER REQUIREMENTS

Please advise us of any special activities during your stay.
For special event ideas please visit our special events page at
www.summitconference.biz