

**PANORAMA CENTRE
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 _____ (4 Syndicate rooms complimentary

PAX IN EACH x _____ with Panorama Package)

(Extra syndicate rooms \$110 per room/per day)

Please indicate set up and equipment below:

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

Time required: _____ Day required: _____

CONFERENCE ROOM EQUIPMENT

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

Panorama Centre Equipment

- WHITEBOARD x _____
- FLIPCHART x _____
- OVERHEAD PROJECTOR (*for use of transparency film*)
- SCREEN
- VHS & MONITOR
- ELECTRONIC WHITEBOARD
- REAR PROJECTION (*for laptop computer presentations*)
- PADS & PENS
- LAPEL MICROPHONE
- CD PLAYER
- DVD PLAYER

Additional Facilities

- CONNECTION TO WIRELESS NETWORK \$5.50 Per person/per day. No. of Pax _____
- STAGE – Please contact your Conference Co-ordinator for more details and pricing.
- DRINK BOTTLES X _____ \$5.00 PER BOTTLE (*these are empty 750ml sport drink bottles*)
- STRESS BALLS X _____ \$3.00 PER BALL
- GROUP PHOTO – (minimum 10) 5x7 inch print taken, developed and presented in a black folder. \$15 per picture.
- HIGH & LOW ROPES COURSE (Prior arrangement **must** be made with The Country Place for use of either course – ask 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

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.**

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