

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:

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

Standard Conference Equipment

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

Additional Facilities

- ELECTRONIC WHITEBOARD \$121 PER DAY
- DATA PROJECTOR \$200 PER DAY
- LAPEL MICROPHONE \$80 PER DAY
- STAGE – Please contact your Conference Co-ordinator for more details and pricing.
- CONNECTION TO WIRELESS NETWORK \$5.50 Per person, per day. No. Of Pax _____
- 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> | |

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

BAR LIMIT (if applicable): _____

CLOSING TIME (if applicable): _____

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

- 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