



## Conference Booking Form

<b>Organisation Information</b>							
Name							
Contact Person							
Address							
Email Address							
Phone Number							
Conference Facilitator							
Payment by Credit Card Or Charge back to Company	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Number:</td> <td style="width: 40%;"></td> <td style="width: 30%;">Expiry Date:</td> </tr> <tr> <td colspan="3">Purchase Order No:</td> </tr> </table>	Number:		Expiry Date:	Purchase Order No:		
Number:		Expiry Date:					
Purchase Order No:							
<b>Conference Information</b>							
Date of Conference/Meeting							
Start Time							
Finish Time							
Number of Attendees							
Tea/Coffee on Arrival	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Yes:</td> <td style="width: 30%;">No:</td> <td style="width: 40%;">Time:</td> </tr> </table>	Yes:	No:	Time:			
Yes:	No:	Time:					
Morning Tea	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Menu:</td> <td style="width: 40%;">Time:</td> </tr> </table>	Menu:	Time:				
Menu:	Time:						
Lunch	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Menu:</td> <td style="width: 40%;">Time:</td> </tr> </table>	Menu:	Time:				
Menu:	Time:						
Afternoon Tea	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Menu:</td> <td style="width: 40%;">Time:</td> </tr> </table>	Menu:	Time:				
Menu:	Time:						
<b>Room Set-Up</b>							
Room	<input type="checkbox"/> Conference <input type="checkbox"/> Boardroom						
Conference Room Style	<input type="checkbox"/> Classroom <input type="checkbox"/> Theatre <input type="checkbox"/> U-Shape						
Equipment Required	<input type="checkbox"/> TV/Video <input type="checkbox"/> TV / DVD <input type="checkbox"/> Pens & Paper <input type="checkbox"/> Projector <input type="checkbox"/> O/Head Projector <input type="checkbox"/> Slide Projector <input type="checkbox"/> Whiteboard Electronic						
Special Equipment Requirements Other Requirements:	If you are bringing your own equipment please be able to connect it yourself or we could arrange a technician (chargeable).						
To send	Email: <a href="mailto:admin@hospicewaikato.org.nz">admin@hospicewaikato.org.nz</a> Fax: 859 1266						
<b>Office Use</b>							
	Account Number:      Res Number:						
	Payment Method:						
	Total Account: \$      Total Now Due: \$						
	Charges made:						
	Deposit Paid:						