

Request Form

Page 1

Event Name: _____

Destination: _____

Hotel category: _____

Budget: _____

Favorite Hotel /Location: _____

Deadline for Offers? _____

ROOMS:

Arrival Date: _____ incl. Breakfast

Departure Date: _____ Fix Contigent (total bill)

Number of Single Rooms _____ Call-in allotment (self-payers)

Number of Double Rooms _____

MEETING:

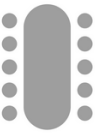



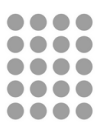

Date _____

Time _____

Number of attendees _____

- Full day Meeting Package
- Half Day Meeting Package

SEATING

| | | | | | |
|---|---|---|---|--|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Block | Classroom | Banquet | U-Shape | Theatre | tCabaret |
|  |  |  |  |  |  |

Request Form

Page 2



EVENT TECHNOLOGY:

- | | | | |
|-------------------------------------|--|--|---|
| <input type="checkbox"/> Projector | <input type="checkbox"/> Flipchart | <input type="checkbox"/> Moderation Case | <input type="checkbox"/> Daylight |
| <input type="checkbox"/> Stage | <input type="checkbox"/> Laser Pointer | <input type="checkbox"/> Sound System | <input type="checkbox"/> Video Conference |
| <input type="checkbox"/> DVD-Player | <input type="checkbox"/> Screen | <input type="checkbox"/> Notice Board | <input type="checkbox"/> Whiteboard |
| <input type="checkbox"/> TV Screen | <input type="checkbox"/> Microphone | <input type="checkbox"/> Lectern | <input type="checkbox"/> WIFI |

Other _____

Do you need additional premises? yes no

How many rooms? _____

How many People per room? _____

Seating? _____

DINNER

Dinner yes no

For how many persons? _____

Menu Buffet

ARE THERE ALTERNATIVE DATES? _____

REQUESTS AND COMMENTS