**CONFERENCE AND CATERING BOOKING FORM**

|  |  |
| --- | --- |
| **Event Organiser’s Name:** |  |
| **Event Organisers Company Name:** |  |
| **Contact Details:** Tel. Number |  |
|  Cell Number |  |
|  Fax Number |  |
|  Email Address |  |
| **Client Name** |  |
| **Date of the Event** |  |
| **Total Number of Delegates** |  |
| **Event Duration** |  |
| **Room Layout: (*Select your preferred Room Setup – If using the ELIDZ conference facility*)** |  |  |  |
|  |  |  |
| ***No. of Break- Away Rooms*** |  |
| **CATERING REQUIREMENTS :** | **YES/NO** | **EXPECTED DELIVERY TIME** |
| * Tea on Arrival
 |  |   |
| * Morning Tea with Savoury and Sandwiches
 |  |  |
| * Lunch with 1 soft drink per person
 |  |  |
| * Afternoon Tea with biscuits
 |  |  |
| ***Breakfast*** |  |  |
| ***Dinner*** |  |  |
| ***Finger Lunch*** |  |  |
| **Special Requirements:**  |  |  |
| * Water
 |  |  |
| * Mints
 |  |  |
| * Table cloths
 |  |  |
| * Notepads and pens
 |  |  |
| * Flipcharts and stands
 |  |  |
| * Other(please insert)
 |  |  |