**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) |  |  | | |