

Booking Form



Conferences & Events

Today's Date: ____ / ____ / ____

Name of Organiser: _____

Email: _____

Contact Number/s _____

Name of Conference/Event: _____

Contact Person During Event: _____

Mobile Number: _____

Date of Booking: ____ / ____ / ____

Time: Set Up _____

Number of Guests: _____

Time: Arrival _____

Minimum _____ Maximum _____

Time: Finish _____

Time: Vacate _____

ROOM _____

- | | | | |
|----------------------------|-----------------------------------|-----------------------------------|----------------------------------|
| ACORN | <input type="checkbox"/> Half Day | <input type="checkbox"/> Full Day | <input type="checkbox"/> Evening |
| OAK | <input type="checkbox"/> Half Day | <input type="checkbox"/> Full Day | <input type="checkbox"/> Evening |
| FERN | <input type="checkbox"/> Half Day | <input type="checkbox"/> Full Day | <input type="checkbox"/> Evening |
| THE ATRIUM BUILDING | <input type="checkbox"/> Half Day | <input type="checkbox"/> Full Day | <input type="checkbox"/> Evening |

ROOM SET UP _____

- | | | | | |
|----------------------------------|------------------------------------|------------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Theatre | <input type="checkbox"/> Classroom | <input type="checkbox"/> Boardroom | <input type="checkbox"/> Dining | <input type="checkbox"/> Cocktail |
|----------------------------------|------------------------------------|------------------------------------|---------------------------------|-----------------------------------|

- | | | | |
|-------|------------------------------------|------------------------------------|---|
| LINEN | <input type="checkbox"/> Classroom | <input type="checkbox"/> Boardroom | <i>(included in dining & cocktail set up)</i> |
|-------|------------------------------------|------------------------------------|---|

TABLES _____

- | | | | |
|-------------------------------|---------------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Registration | <input type="checkbox"/> Display | <input type="checkbox"/> Other |
|-------------------------------|---------------------------------------|----------------------------------|--------------------------------|

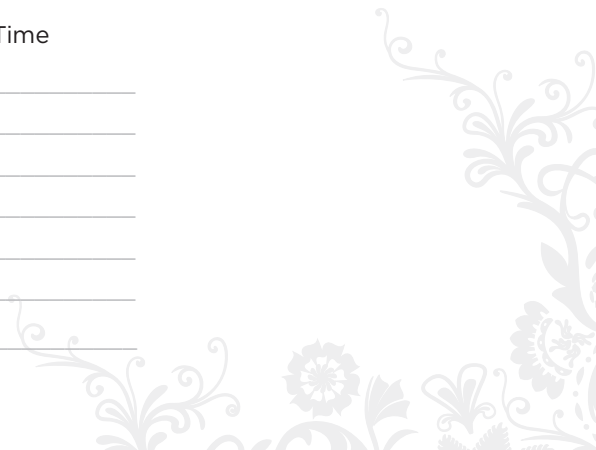
CATERING *(Please note a 20% surcharge applies for a non-catered event)* _____

MENU TYPE	Expected Numbers	Menu Price	Time
<input type="checkbox"/> Breakfast	_____	_____	_____
<input type="checkbox"/> Morning Tea	_____	_____	_____
<input type="checkbox"/> Lunch	_____	_____	_____
<input type="checkbox"/> Afternoon Tea	_____	_____	_____
<input type="checkbox"/> Platters	_____	_____	_____
<input type="checkbox"/> Buffet	_____	_____	_____
<input type="checkbox"/> Daily Conference	_____	_____	_____
<input type="checkbox"/> Cocktail	_____	_____	_____

BEVERAGES <i>(If not included in menu)</i>	Expected Numbers	Time
<input type="checkbox"/> Tea/Coffee	_____	_____
<input type="checkbox"/> Orange Juice	_____	_____
<input type="checkbox"/> Cocktail Package-1 hour	_____	_____
<input type="checkbox"/> Cocktail Package-2 hours	_____	_____
<input type="checkbox"/> Cash Bar	_____	_____
<input type="checkbox"/> TAB	_____	_____

Time Bar Open: _____

Time Bar Closed: _____



Booking Form

Conferences & Events [CONTINUED]

WATER

A self catering water cooler and disposable cups are provided.

Water on tables *(Please indicate if you require this).*

DIETARY REQUIREMENTS

Number

- | | |
|---------------------------------------|-------|
| <input type="checkbox"/> Vegetarian | _____ |
| <input type="checkbox"/> Gluten free | _____ |
| <input type="checkbox"/> Dairy Free | _____ |
| <input type="checkbox"/> Nut Free | _____ |
| <input type="checkbox"/> Vegan | _____ |
| <input type="checkbox"/> Other: _____ | _____ |

AV EQUIPMENT:

- | | | |
|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Screen - Pull up <i>(Acorn only)</i> | FOC | |
| <input type="checkbox"/> Whiteboard | FOC | |
| <input type="checkbox"/> Lectern | FOC | |
| <input type="checkbox"/> Multi-box | FOC | |
| <input type="checkbox"/> Extension Cord | FOC | |
| <input type="checkbox"/> Flipchart Paper, Pens & Easel | <input type="checkbox"/> Half Day | <input type="checkbox"/> Full Day |
| <input type="checkbox"/> Data Projector | <input type="checkbox"/> Half Day | <input type="checkbox"/> Full Day |
| <input type="checkbox"/> Screen - Pull down 8ft x 6ft <i>(Fern/Oak only)</i> | <input type="checkbox"/> Half Day | <input type="checkbox"/> Full Day |
| <input type="checkbox"/> Speakers/Sound <i>(Fern/Oak only)</i> | <input type="checkbox"/> Half Day | <input type="checkbox"/> Full Day |
| <input type="checkbox"/> Mic-Wired <i>(Fern/Oak only)</i> | <input type="checkbox"/> Half Day | <input type="checkbox"/> Full Day |
| <input type="checkbox"/> Mic-Lapel <i>(Fern/Oak only)</i> | <input type="checkbox"/> Half Day | <input type="checkbox"/> Full Day |
| <input type="checkbox"/> Mic-Cordless Hand Held <i>(Fern/Oak only)</i> | <input type="checkbox"/> Half Day | <input type="checkbox"/> Full Day |
| <input type="checkbox"/> Wireless Internet | <input type="checkbox"/> Half Day | <input type="checkbox"/> Full Day |

TECHNICAL ASSISTANCE REQUIRED *(The function manager will set up basic AV requirements free of charge)*

- Set Up only *(Hourly rate applies)*
- Set Up and Troubleshooting during event *(Hourly rate applies)*

INVOICING INSTRUCTIONS *(Please include: name, PO, email and postal address)*

Any other requirements or services

To confirm your booking please fill in your requirements where applicable, sign below and return to The Atrium by email: events@atriuminthepark.co.nz or fax: 03 379 4207 or post (PO Box 7548, Sydenham, Christchurch, 8240)

I acknowledge the above information to be correct and agree to the Terms and Conditions.

Name: _____ Signed: _____ Date: ____/____/____

