

# Booking Form

## Meetings & Seminars

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Organiser: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Number/s \_\_\_\_\_

Signage: \_\_\_\_\_

Contact Person During Event: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Date of Booking: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Time: Set Up \_\_\_\_\_

Number of Guests: \_\_\_\_\_

Time: Arrival \_\_\_\_\_

Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

Time: Finish \_\_\_\_\_

Time: Vacate \_\_\_\_\_

Invoicing Details \_\_\_\_\_

ROOM \_\_\_\_\_

**ACORN**       Half Day       Full Day       Evening

**OAK**       Half Day       Full Day       Evening

**FERN**       Half Day       Full Day       Evening

ROOM SET UP \_\_\_\_\_

Theatre     Classroom     Boardroom     Cocktail     Banquet     U-Shape

LINEN *(Please note a surcharge applies)* \_\_\_\_\_

Classroom     Boardroom     Head       Reg       Other

TABLES \_\_\_\_\_

Head       Registration     Other

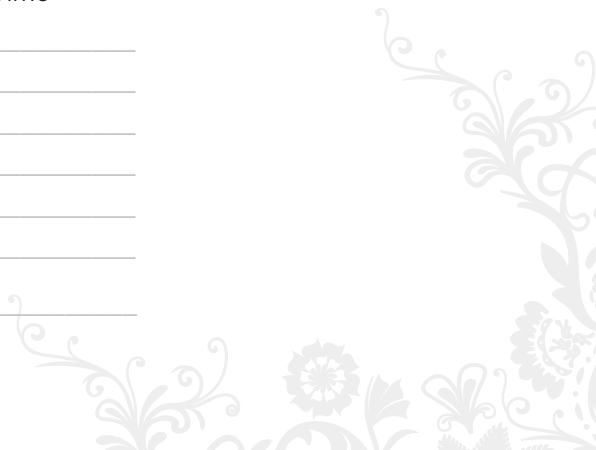
CATERING *(Please note a 20% surcharge applies for a non-catered event)* \_\_\_\_\_

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"/> 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

## Meetings & Seminars [CONTINUED]

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### 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

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- |  |                                   |                                   |
|--|-----------------------------------|-----------------------------------|
| <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)*

Any other requirements or services

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To confirm your booking please fill in your requirements where applicable, sign below and return to The Atrium by email: [events@victoriafoods.co.nz](mailto:events@victoriafoods.co.nz)

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

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

