

# CONFERENCE CENTRE BOOKING FORM

**BOOKING ENQUIRY**

**2021**

Date of Enquiry

Contact Person

Organisation

Name of Unit  
(SAMRC only)

Work Tel.

Email Address

Mobile No.

## EVENT INFORMATION

Project Code

Date of Event

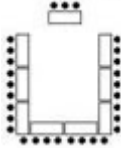
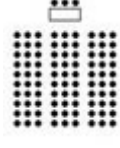
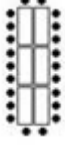
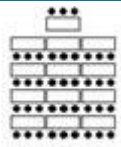
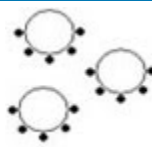
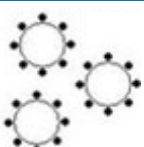
Number of delegates (PAX)

Additional information

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### EVENT REQUIREMENTS

Tick as per your requirements. If yes, please provide any relevant information.

<input type="checkbox"/>	Day Conference package (includes venue hire, 3 teas and lunch)			
<input type="checkbox"/>	Venue hire only			
<input type="checkbox"/>	Venue layout	<input type="checkbox"/>  U-shape	<input type="checkbox"/>  Cinema Style	<input type="checkbox"/>  Boardroom Style
		<input type="checkbox"/>  Classroom	<input type="checkbox"/>  Cabaret	<input type="checkbox"/>  Banquet Rounds
<input type="checkbox"/>	Equipment	Flip chart and pens		
		AV Technician		
		Whiteboard and pens		
		PA System		
		Laptop		
		Printer		
		Data projector		
		Podium/Top table		
		Standing microphone		
		Roving microphone		
	Lapel microphone			
	Notepads and pens			
<input type="checkbox"/>	Table refreshments	Water – jug		
		Water – bottled		
		Mints		
		Other:		