

CONFERENCE BOOKING FORM

Valid until 31st December 2017

FUNCTION DATE:

Start Time

Finish Time

COMPANY NAME:

CONFERENCE ROOM HIRE	Rate	Tick applicable
Half day (4 hours)	\$350	<input type="checkbox"/>
Full day (8 hours)	\$400	<input type="checkbox"/>
Evening (4 hours)	\$400	<input type="checkbox"/>

CONFERENCE ROOM HIRE INCLUSIONS		Tick if required
Projector	NIL	<input type="checkbox"/>
flipcharts & markers	NIL	<input type="checkbox"/>
65" data plasma screen with VGA connection and cable	NIL	<input type="checkbox"/>
whiteboard – manual with markers	NIL	<input type="checkbox"/>
DVD player & iPod dock	NIL	<input type="checkbox"/>
cordless microphone & lectern	NIL	<input type="checkbox"/>
notepads & pens	NIL	<input type="checkbox"/>
chilled water	NIL	<input type="checkbox"/>
coffee/tea station	NIL	<input type="checkbox"/>

CATERING OPTIONS	Cost (per person)	No. of People
Breakfast	\$	
Morning Tea	\$	
Lunch – Package 1	\$	
Lunch – Package 2	\$	
Lunch – Package 3 Buffet Style	\$	
Afternoon Tea or Dessert	\$	

SPECIAL DIETARY REQUIREMENTS <i>(Please specify)</i>	No. of People

SCHEDULE				
Activity	Time (from)	Time (to)	Number of delegates	Room Set-Up Style
Arrival refreshments				<input type="checkbox"/> U shape (with tables) <input type="checkbox"/> Theatre (chairs only) <input type="checkbox"/> Classroom (rows chairs & tables) <input type="checkbox"/> Cabaret (open ended tables) <input type="checkbox"/> Boardroom
Conference Commences				
Breakfast				
Morning Tea				
Lunch				
Afternoon Tea				
Conference Concludes				
Post Conference Drinks				
Other eg golf <i>(Please note subject to availability)</i>				



McGlone Road, off the Old Princes Highway, Drouin, Victoria 3818
 Telephone: 03 5625 1330 Email: admin@drouincountryclub.com.au
www.drouingolf.club

OTHER REQUIREMENTS

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BOOKING CONTACT DETAILSContact Name
_____Company Name

ABN _____

Company address

Phone No _____

Fax No _____

E-mail address

Credit Card Details:

Name
_____**Credit Card Details**

_____/_____/_____/_____-

Expiry Date ____/____

CCV Number _____

Card Type: Visa/MasterCard

TERMS & CONDITIONS

In order for us to maintain the standard of service that is expected by our clients, the following terms and conditions will apply:

1. To confirm your booking please complete this form and return it along with payment of the venue hire fee applicable to your event.
2. No refunds will be returned for events cancelled within 30 days of your scheduled event.
3. Additional charges for catering packages etc, will be invoiced after the completion of your event. From which time full payment is required within 7 working days.
4. The number of guests for catering is to be confirmed 7 days prior to the function.
5. Should guest numbers decrease prior to the event, the number confirmed 7 days prior to the event will be taken as the minimum number for the function and will be charged accordingly.
6. As our venue is licensed to carry food and liquor on the premises, organisers and their guests are not permitted to bring their own food or liquor to their respective events.
7. Management will not accept any responsibility for loss or damage of property left on the premises.

Date of Function ____/____/____

I, _____ (Print name)
agree to the terms and conditions._____
(Signature of company or organisation representative)_____/_____/_____
(Dated)_____
(Position Held)