

BOOKING REQUEST FORM



Please send us this questionnaire fully completed and signed so that we can prepare the event for you.

Name of organization: _____

Phone number / Fax number: _____ / _____

Contact person: _____

Contact person on site: _____

Bill address (if divergent): _____

Date of event: _____ Number of people: _____ Number of required rooms: _____

Required technique:

☐ Flipchart ☐ TV ☐ Pinboard ☐ Beamer (chargeable) ☐ Screen

May telephone calls pass on to the conference room? ☐ Yes ☐ No

Conference schedule:

	1.Day	2.Day	3.Day
Start of conference	_____	_____	_____
Coffee break	_____	_____	_____
Lunch	_____	_____	_____
Coffee break	_____	_____	_____
End of conference	_____	_____	_____
Dinner	_____	_____	_____

Would you like to choose one of our flat rate packages:

☐ Yes, we choose following option: _____ ☐ No, billing according to consumption

What costs does the organizer take?

What costs do the participants take by themselves?

Special requirements:

Date, Company stamp

Signature of client