


**Comfort Hotel Benvenue**
**Conference Booking Confirmation**

Organisation Information	
Name	
Contact Person	
Address	
Email Address	
Phone Number	
Conference Facilitator	
Payment by Credit Card	Number: _____ Expiry Date: _____
Or charge back to Company	Purchase Order No: _____
Conference Information	
Date(s) of Conference/Meeting/Dinner	
Start Time	
Finish Time	
Number of Attendees	
Tea/Coffee on Arrival	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Time: _____
Morning Tea	Type: _____ Time: _____
Lunch	Type: _____ Time: _____
Afternoon Tea	Type: _____ Time: _____
Dinner/Supper/Canapes	Type: _____ Time: _____
Room Set-up	
Room	<input type="checkbox"/> Conference <input type="checkbox"/> Conservatory <input type="checkbox"/> Restaurant <input type="checkbox"/> Harry's Lounge
Room Configuration	<input type="checkbox"/> Boardroom <input type="checkbox"/> Classroom <input type="checkbox"/> Theatre <input type="checkbox"/> U-Shape
Equipment Required	<input type="checkbox"/> Head Table <input type="checkbox"/> Data Screen <input type="checkbox"/> Data Projector <input type="checkbox"/> Lectern <input type="checkbox"/> Pens & Paper <input type="checkbox"/> Flip Chart <input type="checkbox"/> TV/Video <input type="checkbox"/> DVD <input type="checkbox"/> Extension Cords <input type="checkbox"/> Whiteboard <input type="checkbox"/> O/Head Proj <input type="checkbox"/> Laptop Speakers
Special Equipment Requirements	If you are bringing your own equipment please be able to connect it yourself or we could arrange a technician (Chargeable).
Other Requirements	
To Send	Email: <a href="mailto:stay@benvenuehotel.co.nz">stay@benvenuehotel.co.nz</a> Fax: 03 688 4048
Office Use	Account# _____ Res # _____



**Comfort Hotel Benvenue**

## Conference Booking Confirmation

Accommodation Requirements	Organisation Name
	Check-in
	Check-out
Name	
Name	
Name	
Name	
Name	
Payment Method	On above account: <input type="checkbox"/> Yes <input type="checkbox"/> No