

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: _____ No: _____ Time: _____
Morning Tea	Yes: _____ No: _____ Time: _____
Lunch (Option 1 or 2)	Type: _____ Time: _____
Afternoon Tea	Yes: _____ No: _____ Time: _____
Dinner/Supper	Yes: _____ No: _____ Time: _____
Room Set Up	
Room (Circle)	<input type="checkbox"/> Conference <input type="checkbox"/> Conservatory <input type="checkbox"/> Restaurant <input type="checkbox"/>
Room Configuration(Circle)	<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"/> DVD <input type="checkbox"/> Pens & Paper <input type="checkbox"/> Flip Chart <input type="checkbox"/> TV/Video <input type="checkbox"/> Multi Box <input type="checkbox"/> Extension Cords <input type="checkbox"/> Whiteboard <input type="checkbox"/> O/Head Proj <input type="checkbox"/> Laptop Speakers
Special Equipment Requirements	
Other Requirements	
To Send	Email:conferences@airportgateway.co.nz Fax: 03 358 3654
Office Use	Account# _____ Res # _____

