

Conference Booking Details

General Details

Conference Name	
Correct Billing Entity	
Billing Address	
Contact Person	
Phone	
Email	
Number Attending	
Theatre or Boardroom Style (chairs or tables and chairs)	
A/V Equipment Required	

Dates/Times: (please include any setup time required)

Date	Start	Finish

Catering: (please complete for each day of your conference, enter N/R if not required)

Day 1: ___/___/___

	Time Required	Menu Choice
Morning Tea		
Lunch		
Afternoon Tea		
Dinner		

Day 2: ___/___/___

	Time Required	Menu Choice
Morning Tea		
Lunch		
Afternoon Tea		
Dinner		

Day 3: ___/___/___

	Time Required	Menu Choice
Morning Tea		
Lunch		
Afternoon Tea		
Dinner		

Any dietary requirements: (please advise when available, and at least one week prior to your function)

Other requests/information that we need to know to make your conference a success:

Billing: We accept credit card for immediate settlement of your account on the day (tax invoice issued on receipt), otherwise we can have a tax invoice issued from USQ for payment of your conference. This will be forward to you.

Please circle: Credit Card USQ Invoice

Name: _____

Signature: _____

Date: ___/___/___