



## Conference Booking Information

**Company Name:**

**Contact Name:**

**Phone:**

**Email:**

Date of Conference:

Numbers:

Type of Conference:

Start Time:

Finish Time:

Function Room:

Cost:

Seating Plan:

Catering:

1. Breakfast
2. Morning Tea
3. Lunch
4. Afternoon Tea
5. Dinner

Equipment:

1. Screen

2. TV

3. Whiteboard

**METROPOLITAN**  
  
**Motor Inn**

Notes:

Please complete the following payment details and return to us by email.

Payment Method: Credit Card  Company Charge

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ CCV: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Accounts Payable Contact (for Company Charge): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

A payment of \$250 will be charged to your credit card if the conference is cancelled within 7 days of the date of conference.

Please confirm the final number of participants attending the conference five (5) working days prior to the commencement of the event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_