



Seminars & Conferences

Application Form

CLIENT DETAILS

Name of Business _____

Contact Person _____ Position (Title) _____

Phone _____ Mobile _____

Email _____

Address _____

Date of Function _____

Number Attending _____ Start Time _____

Room Roy Sims Room / Beeston Lounge / Grange Room
(please circle)

Room Set Up U Shape / Classroom Style / Boardroom / Open Circle / Theatre Style
(please circle - see attached layouts)

EQUIPMENT REQUIRED

	Yes	No
Whiteboard	<input type="checkbox"/>	<input type="checkbox"/>
Television	<input type="checkbox"/>	<input type="checkbox"/>
DVD Player	<input type="checkbox"/>	<input type="checkbox"/>
VCR	<input type="checkbox"/>	<input type="checkbox"/>
Flip Chart	<input type="checkbox"/>	<input type="checkbox"/>
Overhead Projector	<input type="checkbox"/>	<input type="checkbox"/>
Lectern	<input type="checkbox"/>	<input type="checkbox"/>
Microphone	<input type="checkbox"/>	<input type="checkbox"/>
Projector	<input type="checkbox"/>	<input type="checkbox"/>
Projection Screen	<input type="checkbox"/>	<input type="checkbox"/>
Other		

CATERING REQUIREMENTS - Please detail likely requirements

Food

Morning _____

Lunch _____

Afternoon _____

Drinks

Morning _____

Lunch _____

Afternoon _____

Other Requirements

DEPOSIT PAID **Yes** **No** **Amount Paid:** _____

TERMS & CONDITIONS

On behalf of the above named company I hereby agree to the Terms & Conditions for Seminars / Conferences as set by The Grange Golf Club.

Signature

Date

Name (printed)

Position