

FLOWERDALE ESTATE ESCAPES CONFERENCE FACILITIES

Please Note: To mark a box, double-click it, select Default value as "Checked" and click "OK"

COMPANY: _____

DATES: _____

COMPANY CONTACT FOR CONFERENCE: _____

FACILITATOR(S) / TRAINER(S) NAMES: _____

FACILITATION COMPANY: _____

CONFERENCE ROOM SET UP (x number of delegates)

- | | | |
|---------------------------------------|---|-----------------|
| <input type="checkbox"/> U SHAPE | x | _____ |
| <input type="checkbox"/> BOARD | x | _____ |
| <input type="checkbox"/> THEATRE | x | _____ |
| <input type="checkbox"/> CLUSTERS | x | _____ per table |
| <input type="checkbox"/> ROUND TABLES | x | _____ per table |
| <input type="checkbox"/> CLASSROOM | x | _____ |

DO YOU REQUIRE ANY ROOM SET CHANGES:
(please specify)

SYNDICATE ROOMS x _____ \$110.00 PER ROOM PER DAY

PAX IN EACH x _____

Please indicate set up and equipment below:

Please tick if you would like a briefing on Safety procedures.

Time Required: _____

Day Required: _____

CONFERENCE ROOM EQUIPMENT

- | | | |
|------------------------------------------------|---|-----------------------------------------|
| <input type="checkbox"/> WHITEBOARD | X | _____ |
| <input type="checkbox"/> FLIPCHART | X | _____ |
| <input type="checkbox"/> SCREEN | | |
| <input type="checkbox"/> VHS & MONITOR | | |
| <input type="checkbox"/> DVD & MONITOR | | |
| <input type="checkbox"/> PADS & PENS | | |
| <input type="checkbox"/> CD PLAYER | | |
| <input type="checkbox"/> DATA PROJECTOR | | |
| <input type="checkbox"/> ELECTRONIC WHITEBOARD | | |
| <input type="checkbox"/> OVERHEAD PROJECTOR | | <i>(for use with transparency film)</i> |

ADDITIONAL FACILITIES & SERVICES

- WIRELESS NETWORK CONNECTION AVAILABLE
Please speak to your conference co-ordinator for details
- LAPEL MICROPHONE – P.O.A.

PHONE CALLS (please tick)

GUEST SUNDRIES (please tick)

MASTER BILL

MASTER BILL

ROOM ACCOUNTS

ROOM ACCOUNTS

ESCAPES BEVERAGE REQUIREMENTS

COMPANY: _____

DATES: _____

Espresso Coffees are available at \$3.00 per coffee

- Master Bill
- Room Accounts

** Please note for large groups espresso coffees can not be produced in a short time period*

Do you have any changes to these requirements during your stay: Y/N

If yes, please specify changes below:

Please tick	Lunch	Pre-Dinner	Dinner	Post Dinner
Water	✓	✓	✓	✓
Juice				
Soft Drink				
Wine & Local Beer				
Wine & all Beer				
Open Bar (inclusive spirits and liqueurs)				
Room Accounts only <i>(Individuals pay their own account on check out)</i>				

Freshly brewed coffee and herbal teas are available at all times and are included in the all packages

*** Please note beverages selected above are charged on consumption basis.**

Flowerdale Estate is not licensed for BYO alcohol. Should alcohol be brought on to the premises, it will be removed and appropriately stored. It will be returned to your group upon check out.

BAR LIMIT (if applicable): _____

CLOSING TIME (if applicable): _____

IF PRE-SELECTING WINES, PLEASE SPECIFY

To view our wine list visit the dining section on our website at www.flowerdaleestate.com.au

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

ESCAPES AGENDA DETAILS

COMPANY NAME: _____

DAY & DATE: _____

UPGRADE OPTIONS

- Gala Dinner (Additional charge per person **POA**)
- Biscuit morning tea and afternoon tea \$3.00 per person, per break
- Homemade morning tea and afternoon tea \$8.00 per person, per break
- To have a choice of 2 mains instead of 50/50 \$10.00 per person
- Cheese & fruit platter (Additional \$5.50 per person) Time required: _____

OTHER REQUIREMENTS

MEAL	TIME	NUMBERS
BREAKFAST <i>Cooked and Continental</i>		
MEETING		
BREAK		
MEETING		
LUNCH - <i>Full Buffet</i>		
MEETING		
BREAK		
MEETING		
PREDINNER		
DINNER - <i>Mains served 50/50 and Set Dessert</i>		
MEETING		
Office use only		

Please advise us of any special activities during your stay.
For special event ideas please visit our special events page at
www.summitconference.biz

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