

FINAL DETAILS FORM

CONFERENCE NAME - _____

DATES - _____

Conference Organisers Name _____ Telephone Number _____

*This Form is an **important document** containing **essential information** for a conference. It is needed to arrange Staff and Catering and **must** be returned to Belsey Bridge Conference Centre, Ditchingham, Bungay, Suffolk, NR35 2DZ, 2 weeks before you stay, i.e. by: **2011***

FINAL RESIDENTIAL NUMBERS - FOR THE FULL PERIOD - (Please indicate below if you have any wheelchair users)

<u>En-suite</u>	Adults _____ .	6-13yrs _____ .	0-5yrs _____ .
<u>Wheelchair</u>	Adults _____ .	6-13yrs _____ .	0-5yrs _____ .
<u>Users</u>			
<u>Standard</u>	Adults _____ .	6-13yrs _____ .	0-5yrs _____ .

PART TIME RESIDENTS IN ADDITION TO FULL TIME RESIDENTS:

Number of People	Arrival Meal & Date	Departure Meal & Date	Bedroom Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DAY VISITORS - Indicate how many visitors each day, the date of their visit and their refreshments/meal requirements

No.	Date	Start Meal / refreshments i.e. Morning Coffee	Finish Meal / refreshments i.e. Evening Meal
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMBINED FULL TIME, PART TIME AND DAY VISITOR NUMBERS:

Day	~ B/fast - 8.30am	MC	Lunch - 1.00pm	AT	Dinner - 6.30pm (7pm on Fridays)	Overnight	*Wine/ Sherry glasses

~ Will you need High Chairs or Booster Seats Number Required _____

* Would you like these glasses in your Meeting Room/Dining Room (please delete)

Cots / Z-Beds

Please check with the Centre for the availability of these and to check if the room is a suitable size.

Cots: _____ **Rooms:** _____ (please bring bedding for the cots)

Z-Beds: _____ **Rooms:** _____

Communion Requisites 5p per person + VAT (Minimum Charge £2.00 +VAT)

Chalice YES/NO Alcoholic Wine YES/NO Non-Alcoholic Wine YES/NO Bread YES/NO Wafers YES/NO

Date: _____ **Time:** _____ **Location:** _____ **Number:** _____

Audio Visual Equipment If you would like any of the following please state how many and where you would like them. The Main Conference Hall, Small Conference Hall and Conference Room all have AV equipment.

<u>ITEM</u>	<u>LOCATION</u>
Data Projector	_____
Flipchart Stand & Pens	_____
Flipchart Paper (10p) per sheet	_____
Overhead Projector	_____
Screen	_____
TV & Video	_____

Room Layouts

You have been allocated the following meeting rooms. Please indicate how you would like them set out with number of delegates. **NB: Please do not put 'as usual' as there might be a new team working on this**

Room layout choices 1: Board Room 2: Theatre 3: U-shape

Name of Room	Room Layout	No of tables required	Water & Glasses Yes/No

Any additional requirements

Meeting Room Capacities

Meeting Room	Theatre Style	Boardroom Style with tables	'U' Shaped with tables	Seminar
Main Conference Hall	120	40	32	-
Small Conference Hall	110	40	32	-
Conference Room	100	32	24	-
The Library	35	20	16	25
Ditchingham Room	30	24	20	24
Bungay Room	13	14	-	15
Earsham Room	20	10	12	14
Beccles Room	20	16	12	16
Barsham Room	12	10	12	12
Ellingham Room	8	6	-	8

Approximate Arrival Time of Advance Party _____

Approximate Arrival Time of Main Party _____

- **Please** appoint a Group Organiser or a representative to be here to greet members of the group and direct them to their bedrooms.
- **Medical Conditions** Please advise us if any of your delegates have conditions we should be aware of for your Conference.
- If your conference party are arriving for evening meal, we would ask that you do not arrive **before 4pm**. This is to enable us to set up rooms to your requirements and prepare the bedrooms. If this is a problem for you, please contact us to arrange a suitable time for you to arrive.
- Normally if your group end with afternoon tea we would expect you to vacate the premises by **4.30pm**. **However, if you would like an extension to this, it can be arranged at an additional charge.**