

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 by:

FINAL RESIDENTIAL NUMBERS – FOR THE FULL PERIOD:

En-suite Adults _____ . 10-13 _____ . 6-9 _____ . 3-5 _____ . Babies _____ .
Standard Adults _____ . 10-13 _____ . 6-9 _____ . 3-5 _____ . Babies _____ .

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	V	Lunch – 1.00pm	V	Dinner – 7.00pm	V	Over Night

Special Diets:

Please note: It is helpful to list what can be eaten by those on more complicated diets. On arrival colour coded diet cards will be issued to conference organisers, who are to hand them to the relevant guests (with a special diet) during conference registration. **Please indicate** on the bedroom list, those guests (with a special diet) to assist in our administration. We will only provide for special diets that have been notified to us seven days prior to your conference.

Break Times please indicate which times you would like

Morning Coffee: 10.30am. 10.45am. 11.00am **Afternoon Tea:** 3.30pm. 3.45pm. 4.00pm
Evening Refreshments: 9.00pm 9.15pm **or Bar** 9.30pm-10.45pm

Cots / Z-Beds

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

Cots : _____ Rooms: _____

Z-Beds: _____ Rooms: _____

BAR

Please circle the times if you wish the bar to be available to you.

12.30pm-1.00pm 6.30pm-7.00pm (not Friday) 9.30pm-10.45pm

When the centre is shared, occasionally there is a difference of opinion pertaining to alcohol consumption. Organisers will be consulted in this event.

Communion Requisites

For approximately: _____ persons on Day: _____ Time: _____ Location: _____

Silver Chalice YES/NO Individual Small Cups YES/NO

Alcoholic Wine* YES/NO Non-Alcoholic Wine* YES/NO Bread* YES/NO

* There will be a charge for this facility

Equipment

Please tick if you require any of the equipment listed below and give an indication of which room it is needed in.

Item	Location
OHP & Screen	_____
Microphone (in Yew Tree/Barclay/Mulberry/Willow/Cherry)	_____
Cordless Handheld or Lapel Mic (in above rooms)	_____
Data/Video Projector (in above rooms + 1 portable)	_____
Hire of TV/Video player	_____
Hire of TV/DVD player	_____
Flip Chart Stand & Pen	_____
Flip Chart Paper @ £2.50 for 10 sheets (+VAT)	_____

For Tables please phone to discuss your requirements, so that they can be set up before your arrival.

Any additional requirements.

Approximate Arrival Time of Advance Party _____
Approximate Arrival Time of Main Party _____

If your conference party are arriving for evening dinner, 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.

Thank you, for completing this form. We will try to match your needs, as closely as possible. Please ensure that you return the following by the date specified.

1. This Final Details Form
2. A copy of your Programme
3. A Bedroom List with names and room numbers for fire safety reasons