

REQUEST FOR QUOTE

Company/ organisation name: _____

Contact person: _____

Email: _____

Phone: _____ Mobile: _____

Date/s required for conference: _____

Start time: _____ Finish time: _____

Number of attendees: _____ Signage to read: _____

Room setup:

- | | | |
|------------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Boardroom | <input type="checkbox"/> U-Shape |
| <input type="checkbox"/> Theatre | <input type="checkbox"/> Cabaret | |

Catering requirements (please select if required):

- | | | |
|------------------------------------------|--------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Menu 1 half day | <input type="checkbox"/> Menu 1 full day | <input type="checkbox"/> Menu 2 half day |
| <input type="checkbox"/> Menu 2 full day | <input type="checkbox"/> Coffee & tea on arrival | <input type="checkbox"/> Morning tea |
| <input type="checkbox"/> Lunch | <input type="checkbox"/> Afternoon tea | |

Please list any special dietary requirements needed:

Equipment (please select if required):

- | | | |
|---------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Complimentary Wi-Fi | <input type="checkbox"/> Data projector and screen | <input type="checkbox"/> Note pads and pens supplied throughout the day |
| <input type="checkbox"/> Polycom conference phone | <input type="checkbox"/> White board and markers | <input type="checkbox"/> Flip chart and markers |

Special requirements:

ACCOMMODATION REQUIREMENTS

Room type:

- | | |
|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Twin Share | <input type="checkbox"/> Single |
|-------------------------------------|---------------------------------|

Number of rooms required: _____ Check-in date: _____ Check-out date: _____

Room setup:

Accommodation payment option:

- | | |
|----------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Guest paying individually | <input type="checkbox"/> Invoice with conference |
|----------------------------------------------------|--------------------------------------------------|

I will get back to you with a quotation as soon as possible. If you have any queries, please don't hesitate to contact us on **1300 1 ABODE (22633)** or via email angus.souter@abodehotels.com.au

Kind Regards,
Angus Souter - Sales Manager

Date: _____
