

# REQUEST FOR QUOTE

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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:

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## 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:

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## 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 **[gemma.moorfield@abodehotels.com.au](mailto:gemma.moorfield@abodehotels.com.au)**

Kind Regards,  
Gemma Moorfield - Sales Executive

Date: \_\_\_\_\_

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