

EVENTS ENQUIRIES

Name: _____ Contact No: _____

Company Name: _____

Email: _____

Function Name: _____

Expected Number of Attendees: _____

Preferred Set up Style

- cabaret (round tables of 8-10pax)
- theatre style
- u-shape
- custom / others

Date of Event: _____

Time of Event (Start): _____

Time of Event (End): _____

Room (If known): _____

Catering (If applicable)

- tea & coffee
- breakfast
- morning tea
- lunch
- afternoon tea
- dinner

Audio Visual Equipment (If applicable)

- projector
- microphone
- other _____

Budget for event (If applicable): _____

