



CONFERENCE BOOKING FORM

| | |
|--------------------------|--|
| Name or Group Name | |
| Company Name | |
| Number of Delegates | |
| Arrival Date | |
| Departure Date | |
| Company Contact at Venue | |
| Telephone Number | |
| Facsimile Number | |
| E-mail Address | |
| Vat Number | |
| Person Conducting | |
| Address: | |

SIGNATORY FOR ACCOUNTS

| | |
|-------------------------|--|
| Signatories for Account | |
| Telephone Number | |
| Fax Number | |
| E-Mail Address | |

CONFERENCE REQUIREMENTS

EQUIPMENT REQUIREMENTS

| | | |
|--|--------------------------------|--|
| Overhead Projector | Number required | |
| Screen | Number required | |
| Flipchart & Pens | Number required | |
| Additional Flipcharts | Number required | |
| Whiteboard & Pens | Number required | |
| Lectern | Number required | |
| TV & Video | Number required | |
| Plug Points | Number required | |
| Note Pads & Pens | Number required | |
| Any Special Requests | | |
| ACCOMMODATION REQUIREMENTS (Please advise with our Reception Desk for availability & rates, prior to confirming your conference booking) | Single Rooms Twin Rooms | |

CONFERENCE ROOM LAYOUT

| | |
|----------------------|---------------|
| U – Shape | |
| Double U – Shape | NOT AVAILABLE |
| Schoolroom | |
| Cinema | |
| Boardroom | |
| Herringbone | NOT AVAILABLE |
| Other please specify | |

Reg. No.
The Lofts Boutique Hotel
 P O Box 2498,
 Knysna, 6570.
 Tel: +27 44 302 5710
 Fax: +27 44 302 5711
thelofts@theboatshed.co.za
www.thelofts.co.za



CONFERENCE SCHEDULE
PLEASE COMPLETE ONE PER DAY, IN FULL

| DETAILS | TIMES | NO. OF DELEGATES |
|--------------------------------------|--------------|-------------------------|
| DAY : | | |
| DATE : | | |
| Time of Arrival | | |
| Breakfast | | |
| Arrival Tea and Coffee at Conference | | |
| Conference Commences | | |
| Mid-Morning Break | | |
| Lunch | | |
| Conference Continues | | |
| Afternoon Break | | |
| Conference Ends | | |

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| Afternoon Break | | |
| Conference Ends | | |

SPECIAL REQUIREMENTS

| SPECIAL DIETS | Number of Delegates | |
|--------------------------------|----------------------------|--|
| Kosher | Number of Delegates | |
| Halaal | Number of Delegates | |
| Diabetic | Number of Delegates | |
| Vegetarian (Please specify) | Number of Delegates | |
| Other | Number of delegates | |

Please note that the venue will have to order in food for delegates with strict Kosher / Halaal requirements. As such, ensure Kosher / Halaal meals are pre-arranged with the venue at least 3 days prior to the conference. Please indicate Breakfast, Lunch and Dinner requirements should it be applicable.

PLEASE FAX A COMPLETED COPY OF CHECK LIST TO 044- 302 5711

CONTACT PERSON : _____
 COMPANY NAME : _____
 SIGNATURE : _____
 DATE : _____

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