

Enquiry form for seminar rooms

Company / Mr. / Ms:

Contact person:

Address:

Tel. / Fax:

E-Mail:

Date of event:

Seminar room:

Start of seminar/time:

End of seminar/time:

Number of participants:

Number of rooms:

Single bed rooms:

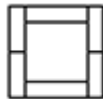
Arrival:

Twin bed rooms:

Departure:

Seating arrangements:

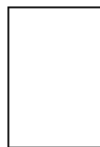
u-shaped, closed



u-shaped



block form



classroom



theatre seating

circular seating

with board table / podium for _____ people

Technical equipment:

flip chart incl. paper

pin board

overhead projector

screen

digital projector

Program:

Start of seminar:

Coffee break:

morning:

afternoon:

Lunch resp. dinner:

Billing:

Rooms

participant

company

Seminar rooms

participant

company

Coffee breaks

participant

company

Drinks with meals

participant

company

Billing address:

Special requests: