

SEMINAR-CHECKLIST

Company name:				
Titel of your event:				
Contact person:				
Trainer/Speaker:				
Number of participants:				
Number of rooms:	single roo	oms (incl. Trainer):		
	double ro	ooms:		
NOISE-INTENSIVE SEMINAR:		YES O	NO O	
SEATING:		U-Shape U-Shape, closed Tabular Cinema (chairs) School (tables+cha Theatre (circle c		0000
		O board of direct O lectern	ors table	
TECHNICAL EQUIPMENT:				
free:		2 x flipcharts 4 x pinboards and 1 x overhead - proj 1 x beamer 1 x TV/video 1 x CD+DVD - Pla	jector	00000
Special requests:				

SOFTDRINKS IN THE CONFERENCE ROOM upon request (extra charge) • half-day (8.00-12.00)per participant € 7.00 o yes o no • all-day (8.00-17.30)per participant € 12.00 o yes o no

SCHÄRF COFFEE THROUGHOUT THE DAY upon request (extra charge)

Our **coffee machine** is available for you to use during the morning and afternoon breaks. Would you prefer **coffee** continuously available throughout the day?

•	half-day (8.00-12.00) per participant all-day (8.00-17.30) per participant	€ 5.00 € 9.00	o yes	no no	
	CHEDULE:				
1st day -	- date:				
Arrival:					
Beginnin	ng:				
Break:			2nd day- date:		
Lunch:			Beginning:		_
Break:			Break:		_
Dinner:			Lunch:		_
Diffiler:			Break:		_
			Dinner:		
3rd day	- date:				_
Beginnin	ng:				
Break:					
Lunch:					
Break:					

Ending:

BILLING:			
Billing address:			
Billing:		PARTICIPANT	COMPANY
Arrangement/Pack		0	0
Non-alcoholic Beve Alcoholic beverages		0	0
Minibar	,	0	0
Telephone		0	0
Extras (Cigarrs etc.))	0	0
	Date		Signature/Company stamp