SEMINAR-CHECKLIST

Company name: ________________________________________________________________

Titel of your event: __________________________________________________________

Contact person: ______________________________________________________________

Trainer/Speaker: ______________________________________________________________

Number of participants: ________________________________________________________

Number of rooms: 

- single rooms (incl. Trainer): __________________
- double rooms: _____________________________

NOISE-INTENSIVE SEMINAR:

- YES ☐
- NO ☐

SEATING:

- U-Shape ☐
- U-Shape, closed ☐
- Tabular ☐
- Cinema (chairs) ☐
- School (tables+chairs) ☐
- Theatre (circle of chairs) ☐

☐ board of directors table
☐ lectern

TECHNICAL EQUIPMENT:

free:

- 2 x flipcharts ☐
- 4 x pinboards and pins ☐
- 1 x overhead - projector ☐
- 1 x beamer ☐
- 1 x TV/video ☐
- 1 x CD+DVD – Player ☐

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
  € 5.00  o yes  o no
- all-day (8.00-17.30) per participant
  € 9.00  o yes  o no

TIME SCHEDULE:

1st day – date:
Arrival:  ______________
Beginning:  ______________
Break:  ______________
Lunch:  ______________
Break:  ______________
Dinner:  ______________

2nd day- date:
Beginning:  ______________
Break:  ______________
Lunch:  ______________
Break:  ______________
Dinner:  ______________

3rd day - date:
Beginning:  ______________
Break:  ______________
Lunch:  ______________
Break:  ______________
Ending:  ______________
### BILLING:

Billing address: ________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

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<th>Billing:</th>
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<td>Extras (Cigars etc.)</td>
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____________________________  _____________________ __________________
Date        Signature/Company stamp