

CLIENT REFERENCE:

MBR

Event Forecast Form

Event

TITLE:

ORGANISATION:

Organiser

ORGANISER:

POSITION:

TELEPHONE:

MOBILE:

FAX:

EMAIL:

Correspondence Address

ADDRESS:

POSTCODE:

Invoice Address *If different to above*

ADDRESS:

POSTCODE:

Delegates

RESIDENT:

NON RESIDENT:

Dates

ARRIVAL:

DEPARTURE:

Times

ARRIVAL:

DEPARTURE:

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Event Details

Main Meeting Room

N°:

LAYOUT:

Syndicate Room

N°:

LAYOUT:

Display Area

Chapel

Conference Office

Other (specify)

Audiovisual Equipment

Give brief details of service required

Catering Requirements

Breakfast

TIME:

N°:

Morning Coffee

TIME:

N°:

Lunch

TIME:

N°:

Afternoon Tea

TIME:

N°:

Dinner

TIME:

N°:

Packed Lunch

TIME:

N°:

Conference Reception

TIME:

N°:

Conference Dinner

TIME:

N°:

Evening Bar

TIME:

N°:

Bar Extension*

TIME:

N°:

Additional Information

Signature

Completion of this for does not denote a confirmed booking

SIGNED:

DATE:

*Bar Extension is usually available following Conference Dinner