CARRONVALE HOUSE
CONFERENCE & TRAINING CENTRE

# FUNCTION DETAIL FORM

**Date.:** _____

**Title of Meeting:** _____
**Contact Name:** _____
**ETA:** _____ **ETD:** _____

| DAY/TIME | DAY 1 | DAY 2 | DAY 3 | DAY 4 | INFO |
|---|---|---|---|---|---|
| BREAKFAST<br>• TIME<br>• NUMBERS | | | | | |
| T/C/B ON ARRIVAL<br>• TIME<br>• NUMBERS | | | | | |
| T/C/B MID MORNING<br>• TIME<br>• NUMBERS | | | | | |
| LUNCH<br>• TIME<br>• NUMBERS | | | | | |
| T/C/B AFTERNOON<br>• TIME<br>• NUMBERS | | | | | |
| DINNER<br>• TIME<br>• NUMBERS | | | | | |
| T/C/B EVENING<br>• TIME<br>• NUMBERS | | | | | |
| SUPPER<br>• TIME<br>• NUMBERS | | | | | |

| **ROOM (S):**<br>**(Please circle)** | **LAYOUT:**<br>**(Enter Number)** | **EQUIPMENT:**<br>**(Please circle)** | **DIETARY REQUIREMENTS** |
|---|---|---|---|
| LOUNGE<br>CONFERENCE ROOM<br>STAFF ROOM<br>LE CTURE ROOM<br>SEMINAR ROOM<br>RESOURCE ROOM<br>REC CONF ROOM<br>_____<br>**1** -BOARDROOM **2** -U-SHAPE CHAIRS ONLY **3** -U-SHAPE TABLES & CHAIRS **4** –THEATRE **5** – CLASSROOM **6** – CABERET **7** –INFORMAL CHAIRS | _____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ | FLIP CHART x _____<br>PAPER & PENs _____<br>TV/VIDEO_____<br>DVD Player<br>SCREEN_____<br>POWERPOINT_____<br>MUSIC SYSTEM_____<br>SPEAKERS_____<br>LAPTOP_____<br>LECTERN_____<br>REGISTRATION DESK _____ | VEGETARIAN No's<br>VEGAN No's<br>GLUTEN FREE No's<br>LACTO FREE No's<br><br>NOTE ANY OTHER DIETARY REQUIRMENTS OR ALLERGIES BELOW: |