

### 1. Personal Information

Name	
Company	
Street	
Zip Code & Town	
Telephone	
Fax	
Email	

### 2. Event Dates

Date Begin	
Date End	
Time Begin	
Time End	
Type of Event	
Number of people	
Seating arrangement	Please choose from: Table Rows / Parliament / Chair Rows / Banquet / U Form / Block

### 3. Course of action

Day 1	<input type="checkbox"/> Welcome drink <input type="checkbox"/> Breakfast <input type="checkbox"/> Coffee <input type="checkbox"/> Lunch <input type="checkbox"/> Coffee <input type="checkbox"/> Dinner
Following day 1	<input type="checkbox"/> Breakfast <input type="checkbox"/> Coffee <input type="checkbox"/> Lunch <input type="checkbox"/> Coffee <input type="checkbox"/> Dinner
Last day	<input type="checkbox"/> Breakfast <input type="checkbox"/> Coffee <input type="checkbox"/> Lunch <input type="checkbox"/> Coffee <input type="checkbox"/> Dinner
Overnight stay	<input type="checkbox"/> with overnight stay <input type="checkbox"/> without overnight stay Number single rooms:                  Number double rooms:
Framework program requested?	<input type="checkbox"/> yes <input type="checkbox"/> no
Wishes	

### 4. Invoice

Participants pay on their own

Everything                       Rooms               Drinks                       \_\_\_\_\_

Please bill the organizer

Everything                       Rooms               Drinks                       \_\_\_\_\_

### 5. Technical Equipment

<input type="checkbox"/> Overhead Projector	<input type="checkbox"/> Screen	<input type="checkbox"/> _____
<input type="checkbox"/> Flip Chart	<input type="checkbox"/> Bulletin Board	
<input type="checkbox"/> Speaker's desk	<input type="checkbox"/> Moderator Suitcase	<input type="checkbox"/> _____
<input type="checkbox"/> TV	<input type="checkbox"/> Video Recorder	
<input type="checkbox"/> Video Camera	<input type="checkbox"/> Slide Projector	<input type="checkbox"/> _____
<input type="checkbox"/> DVD Player	<input type="checkbox"/> CD Player	
<input type="checkbox"/> Beamer	<input type="checkbox"/> Microphone	<input type="checkbox"/> _____

### 6. Feedback per

Telephone    ( morning  noon  evening)  
 Fax  
 E Mail  
 Mail