

MASON ROSE GROUP ENQUIRY FORM

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1. COMPANY CONTACT INFORMATION	Contact name: Company Details: Name of Company: Address: Town: Tel: Email:	Title: Department: Postcode: Fax: Website:
2. EVENT NAME / REFERENCE (if applicable)		
3. DATE OF EVENT	Arrival date of delegates: Arrival date of event team: Alternative dates:	Departure date of delegates: Departure date of event team:
4. ATTENDEE NUMBERS Please select (single choice)	N° of delegates: N° of single occupancy rooms: Specific room categories: Run of House	N° of event team: N° of double occupancy rooms:
5. EVENT TYPE Please tick (multiple choice)	Conference Conference & Incentive Team Building	Incentive Board Meeting Other:
6. EVENT DEMOGRAPHICS Please tick (multiple choice)	Male %: What is the client looking for in the destination/hotel? Glamour Resort No distractions/relaxation	Female %: Sport Location Other:
		Age range: City Centre Culture
	Where have they been before, which hotel did they stay in?	

	Do they have time/inclination to experience the destination?			
	Yes	No		
7. MEETING ROOM REQUIREMENTS	Main meeting room	Audience N°:		
Please select (single choice)	Set up	Theatre Style Classroom Style Cabaret Style	U-Shape O-Shape Other:	Casual Boardroom
Please select (single choice)		Front projection Not needed	Rear projection	To be advised
Please tick (multiple choice)	AV equipment	Stage and lectern Internet connection in the room Other:	Basis equipment (flipchart, screen) WIFI is essential	
	Breakout rooms/ one-to-one meetings	N° of Breakout rooms:	Audience N° per room:	
Please select (single choice)	Set up for each room	Theatre Style Classroom Style Cabaret Style	U-Shape O-Shape Other:	Casual Boardroom
Please tick (multiple choice)	AV equipment	Stage and lectern Internet connection in the room Other:	Basis equipment (flipchart, screen) WIFI is essential	
8. EVENT OFFICE	Is an event office required?			
	Yes	Start date:	End date:	
	No			
Please tick (multiple choice)	Office equipment:			
	N° of desks:	Photocopier	Fax	

	N° of internet access points:	Landline	Other:
9. CHECK- IN Hotel Registration & Event registration	Is a dedicated/private check-in area on arrival for hotel registration preferred?		
	Yes	No	
	Is a hospitality desk/ registration dedicated area for the duration of the event needed?		
	Yes	No	
10. FOOD & BEVERAGE Please select (single choice)	Breakfast:	Daily On the following days only:	Never
	Morning coffee break:	Daily On the following days only:	Never
	Lunch:	Daily On the following days only:	Never
	Afternoon coffee break:	Daily On the following days only:	Never
	Dinner	Daily On the following days only:	Never
	Other F&B requirements:		
11. ACTIVITIES Please tick (multiple choice)	Activities for fun	Day and time:	Preferred duration:
	Activities for team building	Day and time:	Preferred duration:
	Cultural experiences, guided tours	Day and time:	Preferred duration:
	High-energy physical activities	Day and time:	Preferred duration:
	Spouse program	Day and time:	Preferred duration:
	Other:	Day and time:	Preferred duration:
	Budget per person:		
12. SITE INSPECTION (if applicable)	Will you conduct a site inspection visit and if so when and how many persons?		
	Yes	No	
	Date:	N° of visitors:	

