



Inspiring Innovation and Discovery

Conference & Event Services

Conference Booking Application

1. Group Information

Conference: _____

Company/Department/Organization: _____

Conference Web Address: _____

Contact #1: _____

Position: _____ Male Female

Address: _____ State/ Province: _____

City: _____ Zip/ Postal _____ Country: _____

Phone Number: _____ Cell Number: _____

Fax Number: _____ Email: _____

Contact #2: _____

Position: _____ Male Female

Address: _____ State/ Province: _____

City: _____ Zip/ Postal _____ Country: _____

Phone Number: _____ Cell Number: _____

Fax Number: _____ Email: _____

2. Conference Information

Start Date:

Time:

End Date:

Time:

Total Number of Delegates: _____

Total Number Requiring Accommodation: _____

Reservation Method: Rooming List Individuals Contact Us Directly

3. Residence Information

Number of single _____ and double _____ occupancy rooms.

Percentage of Residence:

Single Male: _____ % Single Female: _____ %

Shared Male: _____ % Shared Female: _____ % Mixed: _____ %

4. Hospitality Services Information

Breakfast 7:30 am - 9:00 am, Monday to Sunday
 Lunch 12:00 pm - 1:30 pm, Monday to Sunday
 Dinner 5:00 pm - 6:30 pm, Monday to Sunday

Cafeteria Meals

First Meal: Date Breakfast Lunch Dinner

Last Meal: Date Breakfast Lunch Dinner

Approximate number of resident delegates, daily commuters, guest speakers, etc., requiring meals: _____

Special Functions

List coffee and refreshment service requirements:

Date	Time		Number of Servings			
	From	To	Coffee	Tea	Juice	Pastry
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List reception, banquet, and liquor service requirements:

Date	Time		Type of Function
	From	To	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Meeting Room Information

List meeting room requirements:

Date	Time		Type of Room*	Capacity Needed
	From	To		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Lecture Theatre, Classroom, Seminar Room, Exhibit Area, Lounge, etc.

6. Miscellaneous Information

Please list any further requirements you may have relating to accommodation, meals and meeting rooms - example: telephone service, office space, hospitality suite, audio visual equipment, internet, computer needs, etc.

7. Billing Information

Invoice should be sent to:

Contact: _____
Position: _____
Address: _____
Phone Number: _____ Cell Number: _____
Fax Number: _____ Email: _____

Please send the completed form to meet@mcmaster.ca or fax to 905-524-2611