CONFERENCE/FUNCTION

Selwyn College CONFERENCE Request Form:

Please complete the following form and fax to (03)477 9226 or email a copy to admin.selwyn@otago.ac.nz. An early response increases the likelihood of hosting your function on site. Please refer to the Conference Information Booklet for further details. http://selwyn.ac.nz/documents/Conference_Information_2013.pdf

Bookings and Enquiries

Enquiries are welcome and you are invited to visit and view our premises.

Please direct all bookings and enquiries to:

Sarah Spruyt - Administrator
560 Castle Street,
Dunedin North 9016
Phone: (03) 477 3326
Fax: (03) 477 9926
admin.selwyn@otago.ac.nz
www.selwyn.ac.nz

Your Contact Details

Title:	
First Name:	
Surname:	
Organisation:	
Postal Address:	
Daytime Phone:	
Email:	
Mobile:	

Associated University of Otago Department (if applicable)

Department Name:	
Contact Name:	
Contact Details:	

Event Information

Name of Event:	
Description of Event:	
Date of Event:	
Timeframe of Event:	
Expected numbers:	
Budgetary Requirements (If any)	

Facilities

Please indicate your requirements below (Room, Setup style, Equipment needed).

☐ Seminar Room	☐ Theatre style (up to 20) ☐ Board room (up to 16) ☐ Class room style (up to 12) ☐ U Shape (up to 9)	☐ Projection Equipment and Screen ☐ White Board ☐ Computer Equipment, including internet access ☐ Other (please specify):
☐ Library	☐ Theatre style (up to 25) ☐ Board room (up to 12) ☐ U Shape (up to 10)	☐ Projection Equipment and Screen ☐ White Board ☐ Computer Equipment, including internet access ☐ Other (please specify):
☐ Senior Common Room (SCR)	☐ Theatre style (up to 20) ☐ Board room (up to 8)	☐ Projection Equipment and Screen ☐ White Board ☐ Computer Equipment, including internet access ☐ Other (please specify):
☐ Catacombs (CATS)	☐ Theatre style (up to 50) ☐ Class room style (up to 36) ☐ Board room (up to 24) ☐ U Shape (up to 18)	☐ Projection Equipment and Screen ☐ White Board ☐ Computer Equipment, including internet access ☐ Other (please specify):
Special mobility requirements:		
Other requirements/comments: (please specify)		

Accommodation

Please indicate your requirements.

☐ College Room (single dorm style room)	# rooms required (approx): Dates required:
☐ All Saints Flats (dependant on availability)	# flats required (one available): # guests per flat (1 or 2): Dates required:

Catering

Please indicate your requirements.

Beverages:	☐ Tea & Coffee ☐ Continuous Tea & Coffee ☐ Tea, Coffee & Juice
Break Accompaniments:	**Morning Tea** ☐ Chef's Choice ☐ Savoury Item Specify: ☐ Sweet Item Specify: **Afternoon Tea** ☐ Chef's Choice ☐ Savoury Item Specify: ☐ Sweet Item Specify:
Meals:	*Breakfast* ☐ Chef's Choice ☐ Chosen Item Specify: *Lunch* ☐ Chef's Choice ☐ Chosen option Specify: *Dinner* ☐ Chef's Choice ☐ Chosen option Specify: ☐ *Special Daily Delegate Catering Package*
Meal Times: (please specify exact times required)	Morning Tea: Afternoon Tea: Breakfast: Lunch: Dinner:
Dietary Requirements: (please select)	☐ Vegetarian ☐ Gluten Free ☐ Other Specify: (if other please specify type of diet and numbers)
Budgetary Requirements (If any)	

Terms and Conditions

Please observe the following Terms and Conditions regarding your function/booking. Please sign the bottom of this page and return to Selwyn College to confirm your booking.

Bookings:
We require that all functions are booked at least 2 weeks prior to the event.
Please contact the Office at Selwyn College on (03) 477 3326 to check the availability of facilities/accommodation for your requested dates.

Confirmation:
Upon this agreement being signed and returned to Selwyn College at least 14 days prior to your event, the status of the booking will change from "enquiry" to "tentative".
Upon receiving a deposit equivalent to 10% of total to be charged, the status of the booking will change to "confirmed".

Cancellation:
We require any cancellations at least 14 days prior to the event. Failure to provide the required notice may result in costs up to and including the full amount of the booking.

Payment Options:

1. Direct Credit
   Account Name: Selwyn College Board A/C Number: 06-0901-0097399-02 Ref: ASF ACCOM, [Your Name]
2. Eftpos or Cash
3. Invoice (please contact the office to arrange for an invoice to be issued)

Final payment will be due on departure or alternatively an invoice will be issued within 30 days.
Please note payment by credit card is *not* available.

Meeting Rooms & Facilities:
It is agreed that the event will commence at the scheduled time and that the function room allocated will be vacated at the nominated time. Selwyn College reserves the right to apply a charge for each additional hour exceeding the agreed specified time.

Catering:
Menus, Special Dietary Requirements and final numbers must be confirmed no later than (7) days prior to the commencement of the event.
Only Food & Drink provided by Selwyn College can be served in any of the venues unless other arrangements have been made with the Catering Manager.
Likewise, food provided by Selwyn College shall not be removed from the premises, following an event.

Accommodation:
The hirer should ensure that the total number of persons using the accommodation does not exceed the number for which it has been booked.
Rooms are available for occupancy from 14:00pm on the day of arrival and should be vacated by 10:00am on the last day, unless prior arrangements have been made.

Smoking Policy:
Selwyn College is a smoke-free site.

Disclaimer:
The Management and Staff of Selwyn College accept no responsibility for any personal injury, property loss or damage from any cause while you are on Selwyn College Premises. Selwyn College reserves the right to alter prices or cancel bookings due to unforeseen circumstances beyond our control.

If you have any problems meeting the above Terms & Conditions, please do not hesitate to contact Selwyn College to make alternative arrangements, suitable to both parties.

Agreement

I accept the above Terms & Conditions as set out by Selwyn College.

Name:

Signature:

Date:

Office Use Only

Agreed Charges: *Description*	*Amount (GST incl):*
Total	

Staff Responsibilities: *Task*	*Who*	*By When*

Action*:*

- ☐ Signed form received
- ☐ Kitchen notified of catering arrangements
- ☐ Invoice sent
- ☐ Full payment received