



BIO HOTEL
Bayerischer Wirt

Conferences

C H E C K L I S T

please fill out and send it to:
tagung@bayerischer-wirt.de

CLIENT

Title of the Conference: _____

Company Name: _____

Contact Person: _____

Street: _____

Postcode & City: _____

Telephone: _____

Email: _____

RESERVATION PERIOD

Date: _____

Duration (in days): _____

Type: Half-Day (07:00 A.M. – 06:00 P.M.)

Evening (06:00 P.M. – 11:00 P.M.)

Full-Day (07:00 A.M. – 11:00 P.M.)

Duration (time period): from: _____ until: _____

Required time for set-up: from: _____ until: _____

singular daily

Required time for take-down: from: _____ until: _____

singular daily

PREMISES

Conference Room: Garden View I

Garden View II

Lounge

Group Room: yes no Persons: _____

Persons: participants: _____

referees: _____ Decision-making authority/ies: yes no



SEATING ARRANGEMENT

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> U-shape | <input type="checkbox"/> Parliament |
| <input type="checkbox"/> Block | <input type="checkbox"/> Circle |
| <input type="checkbox"/> Theatre style | <input type="checkbox"/> Banquet |

EQUIPMENT

- | | |
|--|--|
| <input type="checkbox"/> Beamer & Screen | <input type="checkbox"/> Lectern |
| <input type="checkbox"/> Flipchart | <input type="checkbox"/> Writing materials |
| <input type="checkbox"/> Pinboard | <input type="checkbox"/> WiFi |

FOOD & DRINK

FLAT RATES

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Business | <input type="checkbox"/> Smart |
| <input type="checkbox"/> All Day | <input type="checkbox"/> All Inclusive |
| <input type="checkbox"/> Veggie | <input type="checkbox"/> Daytime Meeting |

BUILDING BLOCKS

- | | | |
|---|----------------------------------|------------------------------------|
| <input type="checkbox"/> Replenish Energy | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Conference Beverages | | |
| <input type="checkbox"/> Two Course Meal | <input type="checkbox"/> Noon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Three Course Meal | <input type="checkbox"/> Noon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Small Meal | <input type="checkbox"/> Noon | <input type="checkbox"/> Evening |

OVERNIGHT STAY

- _____ Single room/s of which _____ early arrival/s
- _____ Double room/s of which _____ early arrival/s



INVOICING

Room Hire	<input type="checkbox"/> Client	<input type="checkbox"/> Participant
Flat Rate Participant	<input type="checkbox"/> Client	<input type="checkbox"/> Participant
additional meals & beverages	<input type="checkbox"/> Client	<input type="checkbox"/> Participant
Flat Rate Referee	<input type="checkbox"/> Client	<input type="checkbox"/> Participant
Additional meals & beverages	<input type="checkbox"/> Client	<input type="checkbox"/> Participant
Overnight Stay Participant	<input type="checkbox"/> Client	<input type="checkbox"/> Participant
Snacks from the Maxibar	<input type="checkbox"/> Client	<input type="checkbox"/> Participant
Overnight Stay Referee	<input type="checkbox"/> Client	<input type="checkbox"/> Participant
Snacks from the Maxibar	<input type="checkbox"/> Client	<input type="checkbox"/> Participant

ADDITIONAL REQUIREMENTS / WISHES

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