

CHECKLIST

CONFERENCEPLANNING

Send the checklist to us with confirmation no later than two weeks before arrival. We need the list of participants at least one week before arrival.

Apply: E-Invoice: Invoice in PDF-format to E-mail: _____

VAT-number: _____

Company name: _____

Company registration number: _____

EAN/GLN number: _____

Reference number: _____

With you and the environment in mind, we would prefer that you use your E-invoice, but the possibility for paper invoice exists, write your invoicing address below, then a billing fee of 75 SEK will be added.

Invoice address for eventual paper invoice: _____

Conference manager: _____

Date of arrival: _____ time: _____ Date of departure: _____ time: _____

Total number of participants: _____ single bedrooms: _____ double bedrooms: _____ Number of day guests: _____

Conference room desired for: _____ persons Extra group room: _____ For: _____ persons in each

FURNISHING IN THE CONFERENCE ROOM

U-table Classroom seating Theatre seating Islands Other: _____

Including standard equipment: notebook, Whiteboard, PC-projector and ice water.

Extra options in the conference room, cost excluding VAT: Mineral water 20:-/person/day Fruit basket 20:-/person/day Candy 9,60:-/person/day

Additional wishes: _____

MEALS WISHED AS FOLLOWS

	Breakfast 07:00		Morning coffee		Lunch 12:00-14:00		Afternoon coffee		Dinner 18:30/19:00/19:30/20:00		Konference start-/end-time	
	Amount	Time	Amount	Time	Amount	Time	Amount	Time	Amount	Time	Start	End
Mon.												
Tues.												
Wedn.												
Thurs.												
Fri.												
Sat.												
Sun.												

Beverage for dinner (ice water is included)

Light beer/water/coffee for dinner is paid by: _____ Other beverages is paid by: _____

Please attach eventual special diet on a separate list containing names and allergies for all meals.

Signature: _____ To print name: _____

Date: _____