

NCIE BOOKING FORM

EVENTS, ACCOMMODATION, FACILITIES



NATIONAL CENTRE OF
INDIGENOUS EXCELLENCE

Thank you for booking your event with us. Please provide the event details and requirements on this form and return by email. We will contact you with a quote.

CONTACT DETAILS

ORGANISATION NAME: _____ ABN: _____
ORGANISER NAME: _____ EMAIL: _____ MOBILE: _____
ADDRESS: _____
SUBURB: _____ STATE: _____ POST CODE: _____
CONTACT ON THE DAY: _____ MOBILE: _____

EVENT TYPE

CAMP/ACCOMMODATION

CONFERENCE

BOOKING DETAILS

EVENT NAME: _____ EVENT DATE/S: _____

EVENT SUMMARY (E.G CONFERENCE, BOARD MEETING, PRESENTATION, LAUNCH) _____

EVENT START (Day/Time): _____ EVENT FINISH (Day/Time): _____

NUMBER OF ATTENDEES

INDIGENOUS: _____ NON-INDIGENOUS: _____ TOTAL ATTENDEES: _____
ADULTS: _____ CHILDREN: _____ AVE AGE OF GUESTS: _____

FACILITIES REQUIRED

CONFERENCE ROOM
COURTYARD/BBQ
DINING ROOM
ACTIVITY ROOM (FITNESSS CENTRE)

GROUP FITNESS ROOM (FITNESS CENTRE)
STADIUM (FITNESS CENTRE)
POOL
FIELD

OTHER OPTIONS

CULTURAL ACTIVITIES
GYM ACCESS

EQUIPMENT REQUIRED (All conference rooms and dining area equipped with wi-fi)

DATA PROJECTOR & SCREEN/TV
FLIP CHARTS
WHITE BOARD

POLYCOM
LECTERN
MICROPHONE

ROOM SETUP

BANQUET
CABARET
BOARDROOM

CLASSROOM
THEATRE
U-SHAPE

CUSTOM
REGISTRATION DESK

SIGNAGE TEXT (What would you like your welcome signs to say)

BOOKING FORM cont:



NATIONAL CENTRE OF
INDIGENOUS EXCELLENCE

CATERING

ALL DAY COFFEE/TEA STATION

MORNING TEA

AFTERNOON TEA

INDIGENOUS INSPIRED BUFFET

BBQ - LUNCH OR DINNER

SAUSAGE SIZZLE

ASSORTED GOURMET SANDWICHES
& FRUIT PLATTER

MEAL SCHEDULE: *(Please provide serving times and numbers of people as known at this stage)*

	TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BREAKFAST								
COFFEE ON ARRIVAL								
MORNING TEA								
LUNCH								
AFTERNOON TEA								
DINNER								
LATE NIGHT SNACK								

DIETARY REQUIREMENTS: *(Please indicate dietary requirements as known at this stage. Final details required three working days prior to your event.)*

ADDITIONAL MEALS: *Additional & sporting meals can be provided at an extra cost*

DO YOU REQUIRE SPORTING MEALS (LARGER PORTIONS)?

DO YOU REQUIRE ADDITIONAL MEALS? IF SO HOW MANY?: _____

WHERE WOULD YOU LIKE YOUR MEALS TO BE SERVED

MEETING ROOM

DINING HALL

COURTYARD

ADDITIONAL INFORMATION:

Do you intend to film at your event

Are you expecting any dignitaries/politicians/celebrities?

Are you expecting any media onsite during your event?

By providing your email you will receive the NCIE monthly newsletter at this email. We will never provide your information to third parties.

NO. I do not wish to receive the NCIE Newsletter.

HOW DID YOU HEAR ABOUT US? _____

NAME: _____

DATE: _____

Please save and email your completed form to bookings@ncie.org.au. We will contact you with a quote.
Please call 02 9046 7800 if you have any questions regarding this form.

The NCIE is proudly smoke-free and alcohol-free.