

AUSTROTEL
HOTEL

INNSBRUCK

SEMINAR-INQUIRY FORM

1. Kind of event

..	Meeting	..	Presentation
..	Seminar/Training	..	Gala dinner
..	Conference	..	AOB: _____

2. Kontaktdaten

Company: _____
Contact: _____
Address: _____

Phone: _____
Fax: _____
E-Mail: _____

3. . Basic data of event:

Theme/Motto: _____
Date of Event: _____
Set-up: _____ Dismantling: _____
Beginning: _____ End: _____
Expected number of participants: _____
Number of conference rooms: _____
Number of break out rooms: _____
Technical equipment: .. Flip-chart .. Over head projector
.. Pin wall .. TV/Video
.. Screen .. DVD-Player
.. Beamer (on request)
.. _____

4. Catering:

..	Conference lump	..	Coffee break
..	Buffet	..	Welcome coffee
..	a la Carte lunch or dinner	..	drinks
..	_____		

5. Hotel rooms:

_____ Single room: Arrival: _____ Departure: _____
_____ Double room: Arrival: _____ Departure: _____