**Event Enquiry Form**

# Please complete as much as possible and email to: [events@aut.ac.nz](mailto:events@aut.ac.nz)

# Contact Details

|  |  |
| --- | --- |
| Contact Name: Click here to enter text. | Title: Click here to enter text. |
| Org/Dept./Faculty/School: Click here to enter text. | Direct Phone: Click here to enter text. |
| Email: Click here to enter text. | Mobile Phone: Click here to enter text. |

# Event Details

|  |  |
| --- | --- |
| Event Name: Click here to enter text. | Event Dates: Click here to enter text. |
| Number of days: Click here to enter text. | Base Campus: Click here to enter text. |
| Guest Numbers: Click here to enter text. | Guest Demographics: Click here to enter text. |
| Event Theme: Click here to enter text. | |
| What are you wanting to achieve by holding this event? Click here to enter text. | |
| ICD Requestor: Click here to enter text. | ICD Authoriser: Click here to enter text. |
| ICD Code: Click here to enter text. | We are external to the University and will require credit: |

# Venue

What type of rooms will your event require?

|  |  |
| --- | --- |
| Plenary Room (preference): Click here to enter text. Capacity: Click here to enter text. Setup: Click here to enter text. Approximate timing to nearest hour:  From: Choose an item. To: Choose an item. | Breakout Rooms:  Qty Rooms Required: Click here to enter text. Setup Style: Click here to enter text. Capacity: Click here to enter text. Approximate timing to nearest hour:  From: Choose an item. To: Choose an item. |
| Is Expo Space Required? Choose an item. How many Booths? Click here to enter text. What size are your booths? Click here to enter text. | |

# Catering

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Check the appropriate boxes | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 |
| Breakfast |  |  |  |  |  |
| Arrival Tea and Coffee |  |  |  |  |  |
| Morning Tea |  |  |  |  |  |
| Lunch |  |  |  |  |  |
| Afternoon Tea |  |  |  |  |  |
| Cocktails and Beverage |  |  |  |  |  |
| Dinner |  |  |  |  |  |

# Audio Visual Requirements

|  |  |  |  |
| --- | --- | --- | --- |
| Stage |  | Video Camera |  |
| Tele Prompter | 0 | Camera Operator |  |
| Lectern | 0 | Video player |  |
| Wheel Chair Ramp |  | Live stream |  |
| Technician |  | Wifi Internet |  |
| Flat screen monitor | 0 | Lectern mic | 0 |
| Data projector |  | Hand held mic | 0 |
| Video Wall |  | Lapel mic | 0 |
| Stage Lighting |  | Panel mics | 0 |
| Theming lighting |  | Background music |  |

Are you intending to bring any external electrical equipment on site? Yes  No

Are you intending to have services of external contractors? Yes  No

# Other Services

Select services you would like to discuss further:

|  |  |  |  |
| --- | --- | --- | --- |
| Abstract Management |  | Speaker Management |  |
| Sponsorship |  | Website Management |  |
| Exhibitor Management |  | Registration Management |  |
| EDM Marketing Management |  | Event Merchandise |  |
| Accommodation Management |  | Event/Conference App |  |

# Additional Information

Click here to enter text.