



### Whitewater Golf Club Conference Planner

Please print off and fax to Whitewater at (807) 623-0360 or fill out the fields on this form, save it to your computer and send it to tgeurts@whitewatergolf.com with the subject Event Planning.

#### Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### General Meeting Information

Meeting Name: \_\_\_\_\_

Total Attendees: \_\_\_\_\_

Arrival Date: \_\_\_\_\_

Departure Date: \_\_\_\_\_

#### Meeting Room Needs

**Do you need a general session meeting room?**

# of People: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Setup Type:

Theatre Style

Banquet Style

Classroom Style



**Do you need any breakout rooms?**

# of Rooms: \_\_\_\_\_

Avg.# of People: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Setup Type:

Theatre Style

Banquet Style

Classroom Style

**Describe any special needs for these meeting rooms:**

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**Accommodation Requirements**

Please enter the maximum number of each type of room you will need.

	<b>Single (King)</b>	<b>Double (2 Beds)</b>	<b>Suite</b>
Max Number	_____	_____	_____



**Audio Visual Needs**

Check any equipment that you will need in the **general session** room.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Flip Chart                 | <input type="checkbox"/> LCD Projector            | <input type="checkbox"/> Overhead Projector     |
| <input type="checkbox"/> 35mm Slide Projector       | <input type="checkbox"/> Video Taping             | <input type="checkbox"/> Screen                 |
| <input type="checkbox"/> Audio Taping               | <input type="checkbox"/> Wireless Internet Access | <input type="checkbox"/> Video Projector        |
| <input type="checkbox"/> High-Speed Internet Access |   | <input type="checkbox"/> Rear Screen Projection |

Check any equipment that you will need in the **breakout** rooms.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Flip Chart                 | <input type="checkbox"/> LCD Projector            | <input type="checkbox"/> Overhead Projector |
| <input type="checkbox"/> 35mm Slide Projector       | <input type="checkbox"/> Video Taping             | <input type="checkbox"/> Screen             |
| <input type="checkbox"/> Audio Taping               | <input type="checkbox"/> Wireless Internet Access | <input type="checkbox"/> Video Projector    |
| <input type="checkbox"/> High-Speed Internet Access |   |   |

**Food and Beverage Details**

Please check all F&B functions that may apply.

- |  |  |                                    |
|--|--|------------------------------------|
| <input type="checkbox"/> Breakfast       | <input type="checkbox"/> AM Coffee Break | <input type="checkbox"/> Lunch     |
| <input type="checkbox"/> PM Coffee Break | <input type="checkbox"/> Dinner          | <input type="checkbox"/> Reception |

**Additional Comments:**

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