



Hudson's
a magical venue...

+27 (0)21 881 3590
hudsons@vredenheim.co.za
Vredenheim Wine Estate,
R310 Baden Powell Drive, Stellenbosch
www.visithudsons.co.za
VAT No. 405 025 2891

CONFERENCE BOOKING FORM

Name of Company: _____
Full Name of person responsible for booking: _____

Tel Work: _____	Cell: _____	Email: _____
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Physical Address in SA: _____
VAT Registration Number if required on invoice: _____

Day & Date of Conference: _____ Time of Arrival: _____ Time of Departure: _____	Type of Set-Up: <input type="checkbox"/> Boardroom <input type="checkbox"/> Cinema <input type="checkbox"/> School Room <input type="checkbox"/> Round Tables <input type="checkbox"/> Circle Requirements (please refer to information for prices): <input type="checkbox"/> Projector Screen <input type="checkbox"/> Data Projector <input type="checkbox"/> PA System <input type="checkbox"/> Flip Chart <input type="checkbox"/> Roaming Microphones <input type="checkbox"/> Note Pads & Pens
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Approximate Number of Delegates: _____ How did you first hear about Hudson's? _____	Catering & Beverages: <input type="checkbox"/> Standard Conference Package <input type="checkbox"/> Custom with Plated Lunch <input type="checkbox"/> Custom with Cocktail Lunch <input type="checkbox"/> Custom without lunch
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- A non-refundable deposit of 20% of the value of the booking is required to secure your date. An invoice will be submitted on receipt of completed booking form.
- Catering & Beverages, Set-Up & AV Requirements & Programme must be confirmed seven days prior to the conference.
- Final number of delegates must be confirmed three days prior to the conference.
- Final invoice will be submitted two days prior to the conference and proof of payment must be received before 17h00 on the day prior to the conference.
- Any additional purchases during the conference will be payable on invoice immediately after the conference.

I have read, understand and accept all of the conditions as set out in the information provided.

FULL NAME: _____ ID NUMBER: _____

SIGNATURE: _____ DATE _____

OFFICE USE ONLY:

Amount Paid	Date Payment	Method	Signed by Staff Member