

**CARRONVALE HOUSE  
 CONFERENCE, TRAINING & ACTIVITY CENTRE  
 FUNCTION DETAIL FORM**

Office use only  
 Ref: \_\_\_\_\_

Event/Group Name: \_\_\_\_\_

Title of Meeting: \_\_\_\_\_

Contact Name: \_\_\_\_\_

ETA: \_\_\_\_\_ ETD: \_\_\_\_\_

DAY/TIME	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
BREAKFAST • TIME • NUMBERS							
T/C/B ON ARRIVAL • TIME • NUMBERS							
T/C/B MID MORNING • TIME • NUMBERS							
LUNCH • TIME • NUMBERS							
T/C/B AFTERNOON • TIME • NUMBERS							
DINNER • TIME • NUMBERS							
T/C/B EVENING • TIME • NUMBERS							
SUPPER • TIME • NUMBERS							

ROOM (S): (Please circle)	LAYOUT: (Enter Number)	EQUIPMENT: (Please circle)	OTHER INFORMATION:
LOUNGE CONFERENCE ROOM STAFF ROOM LECTURE ROOM SEMINAR ROOM RESOURCE ROOM REC CONF ROOM OTHER _____	_____ _____ _____ _____ _____ _____ _____	FLIP CHART ____ _____ TV/VIDEO ____ _____ OHP & SCREEN POWERPOINT MUSIC SYSTEM OTHER ____ _____ _____	_____ _____ _____ _____ _____ _____ _____

1 -BOARDROOM 2 -U-SHAPE CHAIRS ONLY 3 -U-SHAPE TABLES & CHAIRS 4 -THEATRE  
 5 -CLASSROOM 6 -INFORMAL CHAIRS ROUND COFFEE TABLES 7 - CABERET 8 - AS IS