

Mount St. Anne's Retreat & Conference Centre Booking Form



Name of Group:	
Contact Name:	Contact Number:
Address:	
Email Address:	
Date(s) of Event:	No. Attending:
Arrival Time:	Departure Time:
Tea/Coffee Break Times: _____ am _____ pm	
Meal Times: Breakfast 8.30am Lunch 1.00pm Supper 6.00pm	Lunch Required: <i>Please indicate preference</i> Starter, Main Course, Dessert & T/C _____ Main Course, Dessert & T/C _____ Starter, Main Course & T/C _____ Main Course and T/C _____
Any Dietary Requirements:	
Conference Room Set Up:	
Theatre Style (Y/N) Classroom (Y/N) Boardroom (Y/N) Other (Y/N)	
Breakout Rooms Required: (Y/N) Number Required: _____	

Audio Visual Requirements: LCD Projector/Laptop (Y/N) Flipchart (Y/N)
PA System (Y/N)

Please Note: We ask that you use the Centre's own laptop with the LCD Projector

Non-Refundable Deposit: (€10 pp for day events) _____

(€20 pp for residential events) _____

Deposit Paid: (Y/N)

Any Other Information:

Signed: _____ Dated: _____

Kindly complete and return to:

*The Secretary, Mount St. Anne's, Killenard, Portarlington, Co. Laois
or email to: secretary@mountstannes.com*

Please retain a copy of the completed form for your own records