

# NCIE BOOKING FORM

EVENTS, ACCOMMODATION, FACILITIES



NATIONAL CENTRE OF  
**INDIGENOUS** EXCELLENCE

Thank you for booking your event with us. Please provide the event details and requirements on this form and return by email. We will contact you with a quote.

## CONTACT DETAILS

ORGANISATION NAME: \_\_\_\_\_ ABN: \_\_\_\_\_  
ORGANISER NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_ MOBILE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
SUBURB: \_\_\_\_\_ STATE: \_\_\_\_\_ POST CODE: \_\_\_\_\_  
CONTACT ON THE DAY: \_\_\_\_\_ MOBILE: \_\_\_\_\_

## EVENT TYPE

CAMP/ACCOMMODATION  CONFERENCE  GALA DINNER

## BOOKING DETAILS

EVENT NAME: \_\_\_\_\_ EVENT DATE/S: \_\_\_\_\_

EVENT SUMMARY (E.G. CONFERENCE, BOARD MEETING, PRESENTATION, LAUNCH) \_\_\_\_\_

EVENT START (Day/Time): \_\_\_\_\_ EVENT FINISH (Day/Time): \_\_\_\_\_

## NUMBER OF ATTENDEES

FEMALE ADULTS: \_\_\_\_\_ MALE ADULTS: \_\_\_\_\_ OTHER ADULTS: \_\_\_\_\_  
FEMALE CHILDREN: \_\_\_\_\_ MALE CHILDREN: \_\_\_\_\_ OTHER CHILDREN: \_\_\_\_\_  
INDIGENOUS: \_\_\_\_\_ NON-INDIGENOUS: \_\_\_\_\_

TOTAL ATTENDEES: \_\_\_\_\_

AVE AGE OF GUESTS: \_\_\_\_\_

## FACILITIES REQUIRED

CONFERENCE ROOM  
 COURTYARD  
 DINING ROOM

GROUP FITNESS ROOM (FITNESS CENTRE)  
 STADIUM (FITNESS CENTRE)  
 SMALL GROUP STUDIO (FITNESS CENTRE)  
 MEETING ROOM (FITNESS CENTRE)

## OTHER OPTIONS

CULTURAL ACTIVITIES  
 GYM ACCESS  
 BBQ  
 SPORTS FIELD

## EQUIPMENT REQUIRED

*(All conference rooms and dining area equipped with wi-fi)*

DATA PROJECTOR & SCREEN/TV  POLYCOM  
 FLIP CHARTS  LECTERN  
 WHITE BOARD  MICROPHONE

## ROOM SETUP

BANQUET  CLASSROOM  CUSTOM  
 CABARET  THEATRE  REGISTRATION DESK  
 BOARDROOM  U-SHAPE

## SIGNAGE TEXT *(What would you like your welcome signs to say)*

\_\_\_\_\_

# BOOKING FORM cont:



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## CATERING

- |                                                     |                                                     |                                                                      |
|-----------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> ALL DAY COFFEE/TEA STATION | <input type="checkbox"/> INDIGENOUS INSPIRED BUFFET | <input type="checkbox"/> ASSORTED GOURMET SANDWICHES & FRUIT PLATTER |
| <input type="checkbox"/> MORNING TEA                | <input type="checkbox"/> BBQ - LUNCH OR DINNER      | <input type="checkbox"/> BESPOKE BREAKFAST                           |
| <input type="checkbox"/> AFTERNOON TEA              | <input type="checkbox"/> SAUSAGE SIZZLE             | <input type="checkbox"/> INDIGENOUS INSPIRED CANAPES                 |
|                                                     |                                                     | <input type="checkbox"/> INDIGENOUS INSPIRED GALA DINNER             |

**MEAL SCHEDULE:** *(Please provide serving times and numbers of people as known at this stage)*

	TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BREAKFAST	6:00AM - 8:00AM							
COFFEE ON ARRIVAL								
MORNING TEA								
LUNCH								
AFTERNOON TEA								
DINNER	5:00PM - 7:30PM							
LATE NIGHT SNACK								

**DIETARY REQUIREMENTS:** *(Please indicate dietary requirements as known at this stage. Final details required three working days prior to your event.)*

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**ADDITIONAL MEALS:** *Additional & sporting meals can be provided at an extra cost*

- DO YOU REQUIRE SPORTING MEALS (LARGER PORTIONS)?
- DO YOU REQUIRE ADDITIONAL MEALS? IF SO HOW MANY?: \_\_\_\_\_

**WHERE WOULD YOU LIKE YOUR MEALS TO BE SERVED**

- MEETING ROOM                       DINING HALL                       COURTYARD

**ADDITIONAL INFORMATION:**

- Do you intend to film at your event
- Are you expecting any dignitaries/politicians/celebrities?
- Are you expecting any media onsite during your event?

By providing your email you will receive the NCIE monthly newsletter at this email. We will never provide your information to third parties.

- NO. I do not wish to receive the NCIE Newsletter.

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Please save and email your completed form to [bookings@ncie.org.au](mailto:bookings@ncie.org.au). We will contact you with a quote. Please call 02 9046 7800 if you have any questions regarding this form.

**The NCIE is proudly smoke-free and alcohol-free.**

