

Seminar Checklist

Please complete in full **one month** before the start of the seminar and return to the Schlüsselhof – by **FAX** +49 (0) 3 98 88 6 44-70 or **E-MAIL** info@schluesshof.de

Group Name

For the time period from

_____ : _____ : _____ until _____ : _____ : _____

Thank you!

Seminar Leader /Representative contact person

Telephone/Fax

E-Mail Address

Arrival Time _____ : _____

Seminar Start Time _____ : _____

Seminar End Time _____ : _____

Departure _____ : _____

Participant pays	Food & Lodging	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	Break Snacks & Beverages	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	Organizer pays	<input type="checkbox"/> All Costs	<input type="checkbox"/> Break Snacks/Drinks	<input type="checkbox"/> Food & Lodging for:

(Own costs, seminar room(s), extras such as coffee / tea, camp fires etc. are always billed to the organizer)

First /Last Name

Billing Address für Organizer's Account:

Name of Receiver

Street & House Number

Postal Code

City

Equipment/Seminar Room(s): _____ *(please enter amount below)*

<input type="checkbox"/> Yoga Mats	<input type="checkbox"/> Blankets	<input type="checkbox"/> Pillows	<input type="checkbox"/> Foam Mats	<input type="checkbox"/> Meditation Pillows	<input type="checkbox"/> Beamer
<input type="checkbox"/> Chairs/Chair Circle	<input type="checkbox"/> Working Tables	<input type="checkbox"/> Conference Table Form U / I / II / T / _____			
<input type="checkbox"/> Pinboards	<input type="checkbox"/> Flipchart	<input type="checkbox"/> Flipchart marker (hartmarker (Package))	<input type="checkbox"/> Flipchart paper	<input type="checkbox"/> Canvas	

Should your wishes exceed our capacity, we will contact you immediately. The equipment is only to be used in the designated rooms. In case of damage etc. we will charge for cleaning, repair or replacement. Special care must be taken when using oils or paints! Thank you.

Extras

Campfire on _____ : _____ : _____ (Date) at _____ : _____ (Time)

Other special services
(25 € per hour fee)

Date

Signature of CP