

MEETING ROOM INQUIRY FORM COMFORT SUITES REGINA

Please email to gm@comfortsuitesregina.com or Fax to 306-949-4001

COMPANY NAME:	CONTACT PERSON:
CONTACT ADDRESS:	CONTACT EMAIL AND PHONE:
MEETING ROOM STYLE REQUIRED:	NUMBER OF PEOPLE ATTENDING:
(Eg. Classroom, boardroom, theatre, etc.)	
START DATE AND TIME:	END DATE AND TIME:
OVERNIGHT GUEST ROOMS REQUIRED?	IF SO, HOW MANY AND WHICH DATES?
FOOD AND DRINKS REQUIRED: (ex. Coffee,	ADDITIONAL COMMENTS:
tea, water, cookies, fruit, external catering, bring your own lunch, etc.)	
bring your own tunen, etc.)	
OFFICE USE ONLY RATE OFFERED:	RATE HELD UNTIL:
RATE OFFERED:	RATE HELD UNTIL:
CONTRACT SENT:	CONTRACT RECEIVED:
CONTINUE SERVI.	CONTINUE RECEIVED.