



MEETINGS BOOKING FORM

ORGANIZER'S NAME: _____

NAME OF MEETING: _____

COMPANY NAME: (IF DIFFERENT): _____

ON SITE CONTACT: _____

MAILING ADDRESS: _____

CITY: _____ **PROVINCE:** _____ **POSTAL CODE:** _____

PHONE: _____ **FAX:** _____

EMAIL: _____

PREFERED CONTACT METHOD: _____

PRIORITY CLUB MEETING REWARDS #: _____

DATES REQUIRED: _____

OF ATTENDEES: _____ **# OF GUESTROOMS NEEDED:** _____

SETUP REQUIREMENT: _____

FOOD AND BEVERAGE REQUIREMENT: _____

AUDIO/VISUAL REQUIREMENT: _____

METHOD OF PAYMENT: _____

Please Print and complete this form and then either fax or email it to us:

Fax: 780-425-1783

Email: catering@hiexedmonton.com

COMMENTS OR INSTRUCTIONS:
