



MEETING ROOM INQUIRY COMFORT SUITES REGINA

Email to: queen.malinao@hotelequities.com

COMPANY NAME:	COMPANY CONTACT:
CONTACT ADDRESS:	CONTACT EMAIL AND PHONE:
MEETING ROOM STYLE REQUIRED: (Eg. Classroom, boardroom, theatre, etc.)	NUMBER OF PEOPLE ATTENDING:
START DATE AND TIME:	END DATE AND TIME:
OVERNIGHT GUEST ROOMS REQUIRED?	IF SO, HOW MANY AND WHICH DATES?
FOOD AND DRINKS REQUIRED:	ADDITIONAL COMMENTS: **Confetti is NOT permitted** Extra cleaning charges will be applied. Method of Payment:

OFFICE USE ONLY

RATE OFFERED:	RATE HELD UNTIL:
CONTRACT SENT:	CONTRACT RECEIVED: