

### team building Facilities - APPLICATION Form

**PLEASE NOTE THE FOLLOWING:**

* Type details where applicable and only within the boxes provided
* Return completed submissions to: info@meetinireland.com
* Please contact 01-884 7754 with any queries

**CONTACT DETAILS**

|  |  |
| --- | --- |
| **Company Name** |      |
| **Address** |                      |
| **Telephone** | +353       |
| **E-mail** |       |
| **Website** |       |
| **Event Contact**  | Name:      Phone: +353      Email:       |

**DESCRIPTION**

|  |
| --- |
| **Description of your conference facilities and services for the corporate/incentive client** (max 60 words) |
|  |

**ACTIVITIES AND PROGRAMMES AVAILABLE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Description**  | **Duration** | **# People** |
|       |       |  |       |
|       |       |  |       |
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 **MEETING/CATERING FACILITIES**

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| **MEETING ROOM NAME:** |
| **Theatre capacity** | **Boardroom capacity** | **Classroom capacity** | **Banquet capacity** | **Cocktail capacity** | **Interpreting equipment** | **Natural daylight** | **Blackout facilities** | **Air Con** | **Wheelchair access** |
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**additional information required**

* Please attach your brochure with this submission.
* Please include up to 6 jpeg landscape images (sized 300x 200) related to your company and facilities.

***The image must be your copyright or you must have received written permission from the copyright holder to allow the image to be used by Fáilte Ireland***

**Disclaimer:**

*I/We accept that the accuracy of all particulars given on this form is the responsibility of the person or organisation completing and Fáilte Ireland will have no liability for inaccurate particulars which are submitted to it. I/We hereby agree to indemnify Fáilte Ireland from all liability arising from the use of information supplied on this form or from any inaccuracy in such information. Fáilte Ireland reserves the right to edit material supplied to us for inclusion on our website.*

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**