

# Motorwagen

## BREAKFAST MEETING BOOKING FORM

Reservation Name	_____	Contact Person	_____
Contact Mobile	_____	Contact Email	_____
Date of Reservation	_____	Number attendees	_____
Time of arrival	_____	Time meeting to conclude	_____

### MEETING SPACE

Private Dining Room

Available 7am to 11am Monday to Friday

Suitable for up to 32 guests

### AV REQUIREMENTS

Projector and Screen   HDMI connection provided to connect with the Projector. Please bring an adaptor if required.	<input type="checkbox"/>
Microphone	<input type="checkbox"/>
Whiteboard	<input type="checkbox"/>

### BREAKFAST MEETING MENU

Option 1   \$12 per person   Fruit platter and pastries served on arrival	<input type="checkbox"/>
---	--------------------------

Option 2 | \$30 per person | Fruit platter and pastries on arrival with alternate drop breakfast  
Please select two dishes below to be served alternate drop.

Eggs Benzy: Poached eggs on a house made English muffin with hollandaise and baby spinach With Noosa Earth Organic Mushrooms	<input type="checkbox"/>
With Bacon	<input type="checkbox"/>
Smashed avocado and feta, poached egg, corn fritter, pistachio dukka	<input type="checkbox"/>
Bacon and egg roll: Chilli fried egg and bacon roll with Kimchee mayo, sesame avocado, tomato and rocket	<input type="checkbox"/>
Summer fruit and muesli acai bowl: The best of summer fruits, "the wild" gluten and dairy free rolled buckwheat clusters, mesquite, goji berries, dates and hemp seeds, with whipped banana and acai   v/ve/gf/df	<input type="checkbox"/>

Please note the time you would like breakfast served \_\_\_\_\_

*To allow for time to make the necessary arrangements, menu orders and dietary requirements are required at least 7 days prior to the function date.*

### Booking Confirmation

To reserve exclusive use of the Private Dining Room for a breakfast business meeting a \$120 deposit is required. To secure a reservation, kindly provide credit card details below with which to settle the deposit amount. The balance of the bill is to be settled at the conclusion of your event. All monies paid will be forfeited in the event of complete cancellation within 7 days of the event date, or no show on the day.

Confirmation of the number of guests attending is required 72 hours prior to dining. \$12 will be charged to the bill for each empty seat at the table based on final confirmation of the number of seats reserved

Name on Card	_____	Expiry Date	____/____/____
Card Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CCV	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature	_____	Date	____/____/____