

CONFERENCE ROOM BOOKING FORM

CONTACT DETAILS

Name: _____ Telephone Number: _____

Company Name: _____

Company Invoice Address: _____

Postcode: _____

BOOKING DETAILS

Date Booked: _____ Number of Delegates: _____

Arrival Time – Organiser: _____ Delegates: _____

Anticipated Finishing Time: _____ ½ Day / Full Day: _____

FOOD AND BEVERAGE REQUIREMENTS

		Cost
Time Required: _____	On Arrival: _____	_____
Time Required: _____	Mid Morning: _____	_____
Time Required: _____	Lunch: _____	_____
Time Required: _____	Mid-Afternoon: _____	_____
Time Required: _____	Evening: _____	_____
Food and Beverage Total		_____

OTHER REQUIREMENTS AND ROOM LAYOUT

Please give details of any other requirements you may have and how you would like the room layout to be.

FOR OFFICE USE ONLY

Date Form Received: _____ Signature: _____

Date Invoiced: _____ Signature: _____

Total Amount Invoiced: _____ Date Paid: _____