

**BOOKING FORM**

**General Information**

Name of Organisation \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact address \_\_\_\_\_

Telephone number (Daytime) \_\_\_\_\_

Telephone number  
(Evening) \_\_\_\_\_

**Details of Conference**

Date of Conference \_\_\_\_/\_\_\_\_/\_\_\_\_

Purpose of conference \_\_\_\_\_

Number attending \_\_\_\_\_

(NB Fire regulations limit the number of people allowed on this floor to 59)

Start time \_\_\_\_\_

Finish time \_\_\_\_\_

Layout style required: Theatre  Boardroom

U-shape

Other \_\_\_\_\_

**EQUIPMENT REQUIRED**

Multimedia Projector  @£20

DVD  @ £10

Flipchart  @ £5

REFRESHMENTS REQUIRED	TIME(S)

TOTAL COST	£
Use of room	
Equipment Hire	
Refreshments	
Payment enclosed	

I confirm that public liability insurance is held

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_