

ROOM HIRE BOOKING FORM / AGREEMENT

Contact Name:					
Job Title:					
Organisation:					
Address:					
Tel:					
Email:					
EVENT DETAI	<u>LS</u>				
Event date:			No. of delegates:		
Event name:					
Start/finish times:		Start time:	Finish time:		
REFRESHMEN	<u>ITS</u>				
On arrival:	Tea and coffee			Time required:	N/A
	Tea, coffee and biscuits				. 4// (
Mid morning:	Tea and coffee			Time required:	N/A
	Tea, coffee and biscuits			Timo required.	IV/A
Lunch:	Menu choice			Time required:	N/A
Afternoon:	Tea and cof	ea and coffee ea, coffee and biscuits		Time required:	N/A
	Tea, coffee			Time required.	ΙΨΑ
Any special req	uirements / c	liets:			

Jugs of water will be available throughout your meeting. If you require bottled water, please let us know, we can supply this at an extra charge.

ROOM LAYOUT					
Boardroom		Theatre		Cabaret	
U shape with tables		U shape without tables		Interview	
EQUIPMENT					
Projector		Lap top		Flip charts & pens	
Other (please specify)		***************************************			
I agree to the terms and	d condi	tions supplied with this	booking	g form.	
Signed:				Date:	
-				Date.	
Name:					
Position:					