

## CONFERENCE AREA BOOKING FORM

Please complete the following form to confirm your booking. Refer to the Conference Area Information for further details and rates.

### EVENT DETAILS

Event Name		
Client's Name		
Company/Organisation		
Email		
Telephone	Mobile	
Fax		

### ACCOUNTS DETAILS

Contact Name		
Company/Organisation		
Billing Address		
Email		
Telephone	Mobile	
Fax		

### BOOKING DETAILS

Type of Function		
Number of Guests	Date	
Start Time	Finish Time	

### SET UP

Room layout

<input type="checkbox"/> Boardroom	<input type="checkbox"/> Conference Room	<input type="checkbox"/> Auditorium
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Seating layout

<input type="checkbox"/> U Shape	<input type="checkbox"/> Round Table	<input type="checkbox"/> Theatre Style
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Other

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**OTHER SERVICES**

Catering

No

Yes (complete additional catering request form)

Security

No

Yes

Mandatory

Audio Visual Equipment

Projector

Plasma

White Board

Other

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Signature

Date

Print Name

**OFFICE USE ONLY**

Date Received

Booking Confirmed

Entered In Calendar

Amount Payable

Less Deposit Paid

Final Payment Due

Payment Received

Sign CM

Room Inspection

Cleaning Ordered

Cleaning Completed

Comments