Organisation:

Date Room Required:

Contact Person:

Address:

Post Code:

Tel. No.:

e-mail:

Which room do you require? Please circle as appropriate

Large meeting room Smaller meeting room Both

What times would you like the room(s) for? How many do you want seating for:?

Please tick what Audio visual equipment required: please circle as appropriate

Projector screen Digital Projector

White Board & pens Flip chart & pens

Do you want refreshments: please circle as appropriate

At what times:

Teas & coffee Teas, coffee & biscuits Jugs of water

Soft drinks other (please state):

Do you want Lunch arranged? Yes- No if yes at what time?

How would you like the room arranged:

Signed: Dated: Purchase order no. (if applicable):