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| **Meeting Room Booking Form**  **Rooms are available to hire Monday to Friday 9.30am to 4.30pm**  **(For an earlier start or later finish, contact us to discuss)** |

**All invoices will be sent out via email. If you wish to receive a paper copy, please state in the special requirements box below.**

**NEW CUSTOMERS WILL BE ASKED TO PAY A DEPOSIT OF 50% OF ROOM HIRE COSTS, PRIOR TO THE BOOKING DATE.**

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| --- | --- | --- | --- |
| **Contact Name** |  | **Reg. Charity No.** |  |

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| **Organisation** |  |

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| --- | --- | --- | --- | --- | --- |
| **Job title** |  | | | | |
| **Organisation Address**  **(Full address including postcode)** |  | | | | |
| **Telephone** |  | **Mobile** |  | | |
| **Email address of Main contact** |  | | | | |
| **Email address to send invoice** |  | | | | |
| **Date Required** |  | | | | | |
| **Times Required**  Available 9.30am– 4.30pm  If you wish to arrive earlier than the time stated, please let us know. |  | | | **No. of Hours** |  | |
| **Number of People**  **Max: 18** (board room seat  ing) **16** (class room seating) |  | | | | | |
| **Purpose of meeting** |  | | | | | |
| **How did you hear about us?** |  | | | | | |

**Other Requirements**:

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| --- | --- | --- | --- |
| **Tea, Coffee & Biscuits** |  | **Disabled parking space** |  |
| **Screen & Projector** | Please bring own laptop | **Wifi** – ***Please make sure Anti-Virus is up to date on your laptop before you arrive.*** |  |
| **Flip Chart** |  | **Juice** |  |

**Any other Special requirements:**

Booking subject to the terms as agreed in writing