

<b>ROOM BOOKING FORM</b>

**Name of Room** \_\_\_\_\_ **(Centre Use Only)**

Group Reference \_\_\_\_\_

Date of Meeting \_\_\_\_\_

Start Time \_\_\_\_\_ Finish Time \_\_\_\_\_ -----

Number of Presenters \_\_\_\_\_ Number of Participants \_\_\_\_\_

<b>Room set-up &amp; Equipment</b>		
U-SHAPE <input type="checkbox"/>	THEATRE STYLE <input type="checkbox"/>	CLASSROOM STYLE <input type="checkbox"/>
No. _____		
Other (please specify): _____		
Data Projector	<input type="checkbox"/>	
I confirm that I will have my own laptop	<input type="checkbox"/>	
Data Projector & laptop	<input type="checkbox"/>	
Overhead projector & screen	<input type="checkbox"/>	
Flipchart stand / Pad / Markers	<input type="checkbox"/>	
T.V. /Video/DVD Player	<input type="checkbox"/>	
CD Player	<input type="checkbox"/>	
Photocopying – please forward 3 days in advance		

**CATERING REQUIREMENTS:**

Please tick as necessary

Tea/Coffee   
 (Please state time of tea/coffee break(s)) am \_\_\_\_\_ pm \_\_\_\_\_

Lunch/Other   
 (Please state time of lunch) \_\_\_\_\_

\*\*\*\*\*

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

Contact No(s) Work \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail Address \_\_\_\_\_

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

**Checked By Staff Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Confirmed By Contact Person:** \_\_\_\_\_ **Date:** \_\_\_\_\_