**ROOM BOOKING FORM**

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| --- | --- |
| **Event Title:** |  |
| **Name of Organisation & Department:** |  |

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| --- | --- | --- | --- | --- | --- |
| **Date(s):** |  |  |  |  |  |
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| --- | --- |
| **Invoice to (Name and address):** |  |
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|  |
| **Email Address:** |  | **Accounts Tel No:** |  |

|  |  |
| --- | --- |
| **Contact Name:** |  |
| **Email Address:** |  |
| **Phone Number:** |  |

|  |  |
| --- | --- |
| **PO Number:** |  |

**Cancellation:**

Please note that if you wish to cancel your booking, that you let us know at least 48 hours before your scheduled booking, otherwise a cancellation fee will apply.

By signing this form you agree to abide by this cancellation policy.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |

Room Requirements

Please select your layout, number of delegates per room and times of each meetings for the rooms you wish to book.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Room:** | **Layout (i.e. boardroom, U-Shaped etc):** | **No of Delegates:** | **Start Time:** | **Finish Time:** |
| **David Baker**  |  |  |  |  |
| **Sue McMullen**  |  |  |  |  |
| **WoodWard**  |  |  |  |  |

Would you like to use the projector/PA system? (David Baker and Sue McMullen only)

Yes: [ ]  No: [ ]

Would you like an urn in your room?

Yes: [ ]  No: [ ]

Please return your completed form to: office@vassallcentre.org.uk.

If you have any further enquires, please contact us on: office@vassallcentre.org.uk or call us on 0117 965 8630.