

Event Booking Form

Name	
Company	
Telephone	
E-Mail Address	
Invoice Address	

Details of Event

Date of Event	
Event Start Time	
Event End Time	
Number of Delegates	
Venue (please tick)	Studio 1
	Studio 2
	Blue Room
Room Layout (please tick)	
	Theatre Style
	Boardroom
	Cabaret Style
	Split into Two

Refreshments

On arrival <i>(please state time)</i>	
Lunch <i>(please state time)</i>	
Breaks <i>(please state time)</i>	
Tea / Coffee / Water / Juice	
Buffet Choice	
Number of People for Buffet	

Equipment Hire

Please list any equipment you require...

Please FAX back to Carol Scullion (Hospitality Manager) on 0191 3324066