



## Meeting Room Booking Information (Outside Groups)

### BOOKING REQUEST FORM

Organization Name:	
Contact Person:	
Phone:	
Email:	
Event or Meeting Reference/Name:	
Date(s) of event/meeting:	
Start Time	
End Time	
Number of People Attending:	
Room Set Up: (see attached examples)	<input type="checkbox"/> Boardroom style <input type="checkbox"/> Theatre style <input type="checkbox"/> Classroom style <input type="checkbox"/> Arbitration style <input type="checkbox"/> Reception style <input type="checkbox"/> Lecture style <input type="checkbox"/> Other (describe below)
Catering Required: (if you check any of these boxes, the Bookings Rep will contact you)	<input type="checkbox"/> None <input type="checkbox"/> Coffee <input type="checkbox"/> Tea <input type="checkbox"/> Hot Chocolate <input type="checkbox"/> Pop <input type="checkbox"/> Juice <input type="checkbox"/> Snacks morning <input type="checkbox"/> Snacks afternoon <input type="checkbox"/> Snacks evening <input type="checkbox"/> Lunch <input type="checkbox"/> Supper
Other Products / Services Required:	<input type="checkbox"/> WIFI access code <input type="checkbox"/> Flip charts & markers <input type="checkbox"/> Teleconference phone <input type="checkbox"/> Advance printing/copying <input type="checkbox"/> TV/monitor(s) <input type="checkbox"/> Podium <input type="checkbox"/> Sound system <input type="checkbox"/> Videoconferencing
Any other notes or requests:	