**Booking Form**

**In order for us to welcome visitors at The Healthy Living Centre, please give us details of the meeting.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Meeting title** |  | **Purchase order No.** |  |
| **Name of organisation** |  | **Department** |  |
| **Address** |  | | |
| **Telephone** |  | **Mobile Number** |  |
| **Email** |  |
| **Name of main contact** |  | **Secondary contact** |  |
| **Invoicing Email Address** |  | | |
| **Invoice Address**  (if different from above) |  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Booking Details (**Please note: Set up/ clear down time must be included) | | | | | | | | | | | | | |
| **Date** |  | | | | **Set up from** | |  | | | **Course start** | |  | |
| **Clear down by** | |  | | | **Course end** | |  | |
| **Room required**  (Please highlight) | **Comm. Hall** | **Com Room** | | **Green** | | **Red** | **Quiet Room** | | **Foyer** | | **Yellow Room** | |  |
| **Number of people** |  | | **Name of person holding the meeting** (tutor/ trainer) | | | | |  | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Equipment required** (please tick): (All subject to availability) | | | |
| **P.A System (Speakers, mics)** |  | **Flipchart Stand** |  |
| **Data projector** |  | **Flipchart Paper** |  |
| **Screen** |  | **Flipchart/ whiteboard Pens** |  |
| **Internet Access** |  | **Portable Microphone** |  |

|  |
| --- |
| **Layout** (please highlight) **clear space** |

**Cabaret Style** **Boardroom Style** **U-Shape** **Theatre Style**

|  |  |
| --- | --- |
| **Other please specify:** (e.g. Cafe) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Refreshments:-** | **Option** | **Time** | **No of servings** | |
| **Arrival** |  |  |  | |
| **Mid-morning** |  |  |  | |
| **Lunchtime** |  |  |  | |
| **Mid-afternoon** |  |  |  | |
| **Evening** |  |  |  | |
|  | | | | |
| **Lunches & dietary requirements** | | | | |
| **Option** | **Time** | | **Number of servings** | |
|  |  | |  | |
| **Vegetarian** |  |
| **Vegan** |  |
| **Celiac** |  |

Do you hold Public Liability Insurance? An invoice will be issued to the organisation shown on this form.

**Rooms cancelled less than 48 hours prior to booking will still be chargeable. 72 Hours notice must be given for catered bookings**

Please sign to confirm details of the booking and acceptance of our conditions of hire.

**Signed:       Date:**