Room Hire Southern EDUCATIONAL BOOking Form

Name: Tel. No:			Company: Email:	
Your Event Event Name: Date(s):			Room Hire Rate: Room required from:	To:
Your Room Select Room(s)	Numbers	Layout	Additional layout	information
Timings Arrival M	lid-Morning	Lunch	Afternoon	Departure
Equipment Projector Laptop Conference Phone Other				
Catering	n Option	Dessert		
Catering Numbers	Dietary requ	uirements		
Invoice Details Address			Purchase Order Numbe	r (If required)
and finally Where did you hear about us	5?			
Any additional comments I have read and agree to the <u>Terms and Conditions</u>				

Please email this booking form to us at events@selt.org.uk