

Epping Medical & Specialist Centre



Conference area booking form

Please complete the following form to confirm your booking.
Please refer to the attached conference area information form for details and rates.

Event details:

Event Title: _____

Client's name: _____

Company/Organisation: _____

Email address: _____

Telephone number: _____

Mobile: _____

Fax number: _____

Accounts details:

Name: _____

Company/Organisation: _____

ABN _____

Billing address: _____

Email address: _____

Telephone number: _____

Mobile: _____

Fax number: _____

Booking Details:

Type of function: _____ Approx. number of guests: _____
Arrival date: _____ Arrival time: _____
Departure time: _____

Meeting Rooms: (please tick the appropriate boxes)

Boardroom Auditorium Conference Area

Please specify room layout/seating arrangements: (please tick the appropriate boxes)

U Shape Round table Theatre style

Other:

Other Services:

Catering required NO YES (please fill out catering request form)

Security NO YES Mandatory

Audio Visual Equipment required:

Wireless internet Projector Plasma White board

Other Information:

Signature: _____ Date: _____

Print Name: _____

Office Use Only

Date received:

Booking confirmed:

Confirmed by:

Entered in calendar:

Total amount payable:

Less deposit paid:

Final payment due:

Payment received:

Signed CM:

Room inspection:

Cleaning ordered:

Cleaning completed:

General comments:
