

# 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.

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### 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       Conference room       Auditorium

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

U Shape       Round table       Theatre style

Other:

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**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:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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**Office Use Only**

Date received:

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Booking confirmed:

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Entered in calendar:

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Total amount payable:

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Less deposit paid:

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Final payment due:

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Payment received:

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Signed CM:

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Room inspection:

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Cleaning ordered:

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Cleaning completed:

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**General comments:**

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