

## **CONFERENCE ROOM BOOKING FORM**

TO:			EM	IAIL: garde	n@gardenoffice.com.au
FROM	1:		EM	IAIL:	
DATE	:				
		<u> </u>	BILLING DETAILS		
СОМЕ	PANY NAME:				
ADDR	RESS:				
CONT	ACT NAME:		CONTA	CT NUMBER:	
	, , , , , , , , , , , , , , , , , , ,		OKING DETAIL		
DATE	/C DEQUESTED:			_	
DATE	/3 KEQUESTED.				
PERIC	DD:	FROM:	am/pm <b>T</b> (	<b>0</b> :	am/pm
NUMI	BER OF PEOPLE	ATTENDING:			
SET-U	IP REQUIREMEN	<b>TS</b> : (Please Tick)			
	THEATRE STYLE		SEMI CIRCLE WITH TA	ABLES	
	SEMI CIRCLE		EXAM STYLE		ROUND TABLES
Special C	Comments:				
	TIONAL PEOLIE	EMENTS: (Please tick)			
	WHITEBOARD	Please tick)	LECTERN		
	SCREEN		OVERHEAD PROJECT	OR	
Special C	Comments:				
Please	note: - - - -	It is also essential that your Non-Tenants are required Equipment available is limit may be hired at your expen	company have signed a "License to to make payment prior to collected to 100 chairs, 10 small tables, 9	Use Conference Roor tion of keys. Proof or large tables and 10 ro	f payment is required. bund tables. Additional requirements