

Conference Booking Form

Please complete in full, sign and fax within 7 days to ensure your conference requirements can be guaranteed.

Reservation No. _____ Date of Conference _____

Course Name _____

Contact Name _____ Tel No. _____ Fax No. _____

Company Address _____

Postcode _____ Email _____

Contact on the Day _____ No. of Delegates _____

Arrival Time of Trainer / Organiser _____ Delegate Rate £ _____

Arrival Time of Delegates _____ Additional Costs _____

Conference Close Time _____

Conference Room Booked

Rhyddings Suite The Study Syndicate Rooms Meeting Room

Full Day Half Day Evening

Room Layout Required

Theatre Boardroom U-Shape (Chairs only) Other

Classroom Open Square U-Shape (with Tables and Chairs) (please attach your specific room plan)

Presentation Equipment Required

OHP Screen Flip Chart x 1 TV & Video (additional charge)

Refreshment Times

Tea & Coffee on arrival (inclusive) _____ Meal Requirement Times

Morning Coffee _____ Buffet : 10 delegates and over

Lunch Time _____ Bar Snacks: 10 delegates and under

Afternoon Tea _____ Early Dinner Meal (12-2.30pm / 6-7pm)

No. in Party _____

Dinner Reservation

Traditional Royal Toby Restaurant Italian Fallen Angels

No. in Party _____ Reservation Time _____

Hotel Reservation

No. of Rooms _____ Arrival Date _____ No. of Nights _____

Please attach a list of all guest names indicating how the accounts are to be paid.

Please note all hotel bedrooms are non smoking.

Account Settlement: please state which method to confirm your booking.

Credit Card Details _____ Exp. Date _____

(CC details to be charged on the day)

Invoice Address _____

NB. Cancellation Policy

If cancellation/amendment of delegates occur less than 48 hours prior to the conference, or bedrooms less than 7 days - the full charge will be levied. Should this booking form not be completed in full, or the requested attachments not supplied, we cannot be held responsible for any errors or omissions on the day.

Customers Acceptance _____ Date _____

Booking Taken and Confirmed By _____ Date _____