

Pioneering Care Centre Room Booking Form

Name of contact person: Job Title:
 Department/Section: Organisation:
 Address:
 Post Code: Tel No: Fax No:
 Email:

Contact details for invoice (if different from above):

Cost Code:

Type of organisation (please tick)

- 1 - Statutory/Private (e.g. Social Service, NHS, Police etc)
 2 - Voluntary/Community Organisations

Date of event/s	Event title/s

Rooms required	Room layout required (e.g. theatre, workshop etc)	Time of occupation From To	Estimated Attendance	Agreed fee (office use only)
Function Room (Room 2) (capacity 65 max depending on room layout)				
Ground Floor Meeting Room (Room 1) (capacity 24 depending on room layout)				
First Floor Meeting Room (Room 3) (capacity 30 depending on room layout)				
Other Rooms				

Refreshments/Bufferet	No. of people	Menu	Times required	Cost per person	Agreed fee (office use only)
Tea/coffee & biscuits					
Buffet (see brochure for options)					
Concessionary Tea/Coffee/Biscuits (only available to Voluntary/Community Organisations)					

Availability of Equipment:	Flip Chart £3.00 <input type="checkbox"/>	Lectern FREE <input type="checkbox"/>	Pens/Paper 60p/person <input type="checkbox"/>	OHP £3.00 <input type="checkbox"/>	Amplifier FREE <input type="checkbox"/>	Photocopying 15p/sheet <input type="checkbox"/>	TV/Video/ £3.00 <input type="checkbox"/>	PowerPoint £6.00 <input type="checkbox"/>	Whiteboard FREE <input type="checkbox"/>	DVD <input type="checkbox"/>
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Additional Information e.g.. Dietary requirements	Sub-Total	
	V.A.T.	

Signature: Date: **Grand Total**

**Please return the pink copy to PCP -
 See reverse for address and general conditions.**