

BOOKING DATE ___ / ___ / ____ to ___ / ___ / ____ (day / month / year)

ALTERNATIVE BOOKING DATE ___ / ___ / ____ to ___ / ___ / ____ (day / month / year)

BOOKING TIME ___ : ___ (AM / PM) to ___ : ___ (AM / PM)

EVENT SPACES REQUIRED

- | | | |
|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> James Coe 1 | <input type="checkbox"/> James Coe 2 | <input type="checkbox"/> Meeting Room |
| <input type="checkbox"/> Foyer | <input type="checkbox"/> Courtyard | <input type="checkbox"/> TheNewDowse Complex |

WILL YOU REQUIRE

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> food/beverage | <input type="checkbox"/> laptop | <input type="checkbox"/> data projector |
| <input type="checkbox"/> internet access | <input type="checkbox"/> white board | <input type="checkbox"/> lectern |
| <input type="checkbox"/> PA System (incl microphone) | <input type="checkbox"/> flipchart | <input type="checkbox"/> soft furnishings |
| <input type="checkbox"/> glassware | <input type="checkbox"/> tablecloth | <input type="checkbox"/> other _____ |

WILL LIQUOR BE SERVED AT YOUR EVENT yes no





WILL YOUR EVENT BE OPEN TO THE PUBLIC yes no

EVENT TITLE _____

EXPECTED ATTENDEES _____

EVENT DESCRIPTION _____

REQUIRED SETUP

- | | |
|--|---|
| <input type="checkbox"/> Boardroom style |  |
| <input type="checkbox"/> Workshop style |  |
| <input type="checkbox"/> Classroom style |  |
| <input type="checkbox"/> Theatre style |  |
| <input type="checkbox"/> other (PLEASE DESCRIBE) _____ | |

HOW MANY

Tables _____

Chairs _____

PERSONAL DETAILS

First Name _____ Last Name _____ Organisation _____

Address _____ Invoicing Address _____

 (IF DIFFERENT FROM ABOVE)

Work phone _____ Cell _____ Home _____

Email _____ Alternative Email _____