



# Room Booking Form



**Room Booking Form (downloadable version) – cannot be completed and submitted online**

Please return the completed form, by post or fax: **Fax: 028 9070 9418**  
**Children in Northern Ireland, Unit 9, 40 Montgomery Road, Belfast, BT6 9HL**

Title of meeting .....

Name of person making the booking .....

Organisation .....

Billing address .....

.....

Postcode.....Email Address .....

Contact Telephone number .....

**Room Details [Please circle as appropriate]**

<b>ROOM REQUESTED</b>	CONFERENCE ROOM	SEMINAR ROOM	MEETING ROOM	
<b>EQUIPMENT REQUESTED</b>	FLIP CHART & PENS	OVERHEAD PROJECTOR	MULTI MEDIA PROJECTOR	TELEVISION & DVD PLAYER
<b>ROOM LAYOUT</b>	LECTURE STYLE	SEMI-CIRCLE OF CHAIRS	TABLE AND CHAIRS	OTHER (PLEASE STATE)

Date Required .....

Time required to .....From .....

**Catering requirements (tick as appropriate)**

				TIME REQUIRED	NO. OF PEOPLE
<b>ON ARRIVAL</b>	TEA & COFFEE	TEA, COFFEE & BISCUITS	TEA, COFFEE & SCONES		
<b>MID MORNING</b>	TEA & COFFEE	TEA, COFFEE & BISCUITS	TEA, COFFEE & SCONES		
<b>LUNCH</b>	LUNCH A	LUNCH B	LUNCH C		
<b>MID AFTERNOON</b>	TEA & COFFEE	TEA, COFFEE & BISCUITS	TEA, COFFEE & SCONES		

Agree and confirm:

I agree and confirm the above booking details

Signed ..... Date .....