

Room Booking Form

Date of Course/Event				Room number
Title of Event				
Organisation				
Address				
Contact name				
Telephone Number			Email	
Invoice Address & Contact Tel No:				
	No of delegates	Times room required	Room layout	
Equipment	TV/Video/OHP/Screen/Flip chart and pens/Laptop Computer/Projector. <i>(Please delete as appropriate)</i>			
Special Requirements or Additional information	Please advise us if any delegates have specific access requirements ~ e.g. wheelchair user			
Refreshments (Tea/Coffee/Biscuits/Water etc)	Number	Time	Requirements	
Lunch (Please state any specific dietary requirements clearly)	Number	Time	Buffet Choice/Drinks/Desserts/Fruit etc	
<p>I confirm the above booking and accept the terms and conditions of room hire from City College Peterborough</p> <p>Signed Dated.....</p> <p>Position in Company.....</p>				