# Elizabeth Garrett Anderson Building – Booking Form

### Please see the Delegate Package Information sheet to read alongside this form.

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| **Meeting Title/Booking Name** | Click or tap here to enter text. |
| **Event Date Required** | Click or tap to enter a date. |
| **Booking Event Description and Purpose:** | Click or tap here to enter text. |
| **Where did you hear about us?**  | **Please Select:** |
|  |
| **Start Time** | Click or tap here to enter text. | **Finish Time** | Click or tap here to enter text. |
| **Set-up date/time (if required)** | Click or tap here to enter text. | **De-rig date/time (if required)** | Click or tap here to enter text. |
| **Room Name** | **Boardroom** [ ] (Space for: 2-10 people)  | **Event Space** [ ] (Space for 8-40 people) | **Conference Space** [ ]  (Space for 12- 70 people) |
| **Numbers of attendees** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Do you require a registration table in reception?** | **Yes** [ ]  **No** [ ]  |
|  |
| **Space Layout** | **Theatre Style** [ ]  | **Boardroom** [ ]  | **Cabaret** [ ]  |
| **U-Shape** [ ]  | **Training/Workshop** [ ]  | **Clear Space** [ ]  |
| **Other** [ ]  | **Detail for Other:** Click or tap here to enter text. |
| **Equipment Required:** | **Projector (Conference Space Only) (Y** [ ] **/ N** [ ] **)** | **LED TV (Y** [ ] **/ N** [ ] **)** | **Radio Mics (Y** [ ] **/ N** [ ] **)** |
| **Standard Mics** **(Y** [ ] **/ N** [ ] **)** | **Flipchart Board****(Y** [ ] **/ N** [ ] **)** | **Wi-Fi access** **(Y** [ ] **/ N** [ ] **)** |
| **Blinds:** | **Side Blinds 1: Open** [ ]  **Closed** [ ] **Side Blinds 2: Open** [ ]  **Closed** [ ] **Front Blinds: Open** [ ]  **Closed** [ ]  |
| **Partition:** | **Open:** [ ] **Closed:** [ ] **Partially Open:** [ ]  |
| **Other** | **Detail for Other:** Click or tap here to enter text. |
|  | **Please list any specific equipment you are bringing and any support needed with this:** | Click or tap here to enter text. |
| **Comment:** | Click or tap here to enter text. |
|  | **Please note there are limited plug sockets available in the space. Please bear this in mind ahead of the booking.**  |
|  |
| **Catering Requirements**If Yes please select: | **Yes** [ ]  **No** [ ]  |
| **Tea & Coffees:** | **1st Serving:** **Yes** [ ]  **No** [ ]  | **2nd Serving:** **Yes** [ ]  **No** [ ]  | **3rd Serving:** **Yes** [ ]  **No** [ ]  |
| **Times (if required please complete):** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Lunch** **(Select Option)** | **Please Select:** |
| **Time Lunch is Required:** | Click or tap here to enter text. |
| **Dietary Requirements** | Click or tap here to enter text. |
| **Additional Catering Requirements:** | Click or tap here to enter text. |
|  |
| **Insurance:** | Click or tap here to enter text. |
| **If you require Public Liability Insurance:**  | **Yes** [ ]  **No** [ ] (If no please provide copy of Company Public Liability insurance prior to the booking) |

Office Use Only:

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| **Invoice Contact Details:** |
| **Organisation** | Click or tap here to enter text. |
| **Point of Contact** | Click or tap here to enter text. |
| **Invoice Contact (if different from above)** | Click or tap here to enter text. |
| **Company Address** | Click or tap here to enter text. |
| **Office Telephone Number** | Click or tap here to enter text. |
| **Mobile (if required)** | Click or tap here to enter text. |
| **Email Address** | Click or tap here to enter text. |
| **Alternative Email Address** | Click or tap here to enter text. |
| **Company Number** | Click or tap here to enter text. |
| For Office Use Only: |  |
| **PI Information Provided:** | **Yes** [ ]  |
| **Invoice Description***(Booking Event Description & Purpose, delegate numbers & date):* | Click or tap here to enter text. |
| **Invoice Amount:** | Click or tap here to enter text. |