# 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:

|  |  |
| --- | --- |
| **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. |