

**ROOM BOOKING FORM –  
FOR BLACKBURN TECHNOLOGY MANAGEMENT CENTRE**

Company Name/Dept .....

Address/Unit No:.....  
.....

Contact Name .....Tel No.....

Date(s) Required: .....

**MIS Code/Exp Code & Order No:** .....

**ROOM**: Conference Room  Syndicate Room 1  Syndicate Room 2

Style Required for Conference Room: Theatre  Board Room  U-Shape

Time of arrival ..... Time of departure ..... No of attendees  
.....

	Coffee	Tea	Biscuits	Orange	Water
Refreshments: Time .....					
Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**LUNCH**

Buffet Menu No. .... With Sweets : Yes/No No.of attendees..... Time.....

Refreshments

**EQUIPMENT REQUIRED:**

Flipchart & Pad  TV & Video  VT3300 Data & Video Projector

Overhead Projector  White Board  35mm Slide Projector

Signed : ..... Date: .....

**N.B. We require 5 working days notice for cancelled bookings. Failure to do so will result in the full cost being charged. Reduction of catering numbers must be made within 48 hrs or the full cost will be charged.**