

Conference Room Booking Form

Organisation Name _____ Contact Name _____

Address _____

Telephone _____ Fax _____ Email _____

Date of Conference _____ Number of Delegates _____

Name of Conference _____ Room Layout _____

Conference Room _____ Time Required – From _____ To _____

Equipment Required – (Please tick if required)

Flipchart Whiteboard Projector

Other Requirements _____

Refreshments Required – (Please tick if required)

AM PM Other

Times Required _____

Buffet Requirements –

Menu Number Sweet (Please tick) Number of People

Time Required _____ Dietary Requirements _____

Any changes to the requirements detailed above should be confirmed at least 3 working days before the meeting. Notifications of cancellations must be received at least 3 weeks before the conference date or charges will be incurred. **Payment:** Full balance due on day of conference payable by cheque or cash. Payment terms available, please call for more details.

Signed _____ Print Name _____ Date _____

Please sign & return this form to:

Conference Co-ordinator, Oswaldtwistle Mills Business & Conference Centre,
 Clifton Mill, Pickup Street, Oswaldtwistle, Lancashire, BB5 0EY
 Tel: 01254 871025 Fax: 01254 304004 Web: www.o-mills.co.uk