

OSMANI CENTRE BOOKING FORM

V.3



Please read the Osmani Centre Agreement for Hirer before completing this form

Event Date(s):	
Time:	Duration:
Type of Event:	
Set-up Time:	
Start Time:	
End of Event:	
Departure Time:	
No. of people:	
Brief description of event:	

Attach details of all speakers for the event, including those via live links or pre-recordings.

Facilities Required

	Capacity	✓	No.
Hall One	50	<input type="checkbox"/>	<input type="text"/>
Hall Two	70	<input type="checkbox"/>	<input type="text"/>
Combined	120	<input type="checkbox"/>	<input type="text"/>
Meeting Room	8	<input type="checkbox"/>	<input type="text"/>
Canary Wharf Training Room	15	<input type="checkbox"/>	<input type="text"/>
Active Studio	20	<input type="checkbox"/>	<input type="text"/>
Multi-Gym	15	<input type="checkbox"/>	<input type="text"/>

<input type="checkbox"/> Chairs	<input type="text" value="Qty"/>	<input type="checkbox"/> Flipchart
<input type="checkbox"/> Tables	<input type="text" value="Qty"/>	<input type="checkbox"/> Stage
<input type="checkbox"/> Laptop	<input type="text" value="Qty"/>	<input type="checkbox"/> Audio Visual Mike
<input type="checkbox"/> Roof Garden		<input type="checkbox"/> Int. Whiteboard
<input type="checkbox"/> Kitchen		<input type="checkbox"/> Refreshment*
<input type="checkbox"/> Internet		<input type="checkbox"/> Meals**

* please ask for details of light refreshments
** we operate a preferred caterers list, please ask for list.

Name:
Organisation:
Address:
Post Code:
Telephone:
Email:

I have been given a copy of the Osmani Centre Agreement for Hirer, which I have signed and returned to the Osmani Trust Reception with this booking form. I agree to all terms and conditions contained therein.

Signature:
Date:
<input type="checkbox"/> Tick here if you require an invoice

OFFICE USE ONLY	£	Date	Taken by	Receipt/Invoice No.
Total Amount	<input type="text"/>			
Invoice Raised	<input type="radio"/> Yes <input type="radio"/> No			
Initial Payment <small>Plus Deposit £250 (refundable)</small>	<input type="text"/>			
Final Payment	<input type="text"/>			
Deposit Refund	<input type="radio"/> Yes <input type="radio"/> No			