|  |  |
| --- | --- |
| **Organisation** | Click or tap here to enter text. |
| **Name** | Click or tap here to enter text. |
| **Phone Number** | Click or tap here to enter text. |
| **Email Address** | Click or tap here to enter text. |

**Date:** Click or tap here to enter text.

**Organisation Details:**

|  |
| --- |
| **Address:** Click or tap here to enter text. |
| **Suburb:**Click or tap here to enter text. |
| **Post Code:** Click or tap here to enter text. |

**Booking Details:**

Half-Day Morning: 9am- 1:30pm

Half-Day Afternoon: 12:30pm-5pm

Full-Day: 9am-5pm

**AV requirements (Audio Visual)**

**Video conferencing**

4 Person’s Room

6 Person’s Room

8 Person’s Room

**Projector Screen**

Training room only

|  |
| --- |
| **Event Title:** Click or tap here to enter text. |
| **Date:**Click or tap here to enter text. |
| **Time:**Click or tap here to enter text. |
| **Description of Event:** Click or tap here to enter text. |
| **Number of Attendees:**Click or tap here to enter text. |

**Staff Amenities Required:**

Coffee

Tea

Catering

|  |
| --- |
| **Dietary Requirements:** Click or tap here to enter text. |

Signature: