

CHI Room Booking Request Form

PLEASE COMPLETE AND RETURN THIS FORM TO RECEPTION AT LEAST FIVE
WORKING DAYS
IN ADVANCE OF YOUR BOOKING
THANK YOU

Name: Kellie-Anne Rehill	Telephone Ext: 420	Room Booked for Name: Julie Miller
Date of booking: 14 & 15 Jan 2003	Time From: 9.00	Time: To: 5.30

Purpose of booking: meeting	Number of people attending meeting? 4
First choice room? 11b	Second choice room? 11b

(You can check availability on the G drive - G/GENERAL OFFICE/BOOKING FORMS/Booking forms restricted access)

YOU WILL BE ASKED TO SIGN A FORM IF YOU REQUIRE LAPTOPS AND PROJECTORS

Please indicate by ticking, the equipment you would like in your meeting room.

<input type="checkbox"/> OHP	<input type="checkbox"/> OHP screen	Auditorium Equipment <input type="checkbox"/> (IT to provide support)
<input type="checkbox"/> Laptop (for Powerpoint presentation)	<input type="checkbox"/> Projector (for Powerpoint presentation)	Any other equipment

For meeting rooms on floors 10 through to 15, there is a standard meeting room layout. For rooms on the 1st floor, please indicate your preferences below.

Only complete this section for meetings on the first floor

Number of round tables (seating four) _____	Number of rectangular tables (seating six) _____	Number of chairs _____
Any other furniture (please detail)		

Please sketch how you would like the furniture to be laid out. Completing this box will help us to meet your needs more exactly. (Don't forget to indicate door and windows)

