



Meeting booking/confirmation form page 1 of 2

Please provide Company name, your name, position, contact email and telephone number

Name of Contact/host on the day:

PAYMENT:

We will require a credit/debit card to confirm the booking for meeting we have a 48hour cancellation policy cancellations made with 48hours of arrival will be charged IN FULL.

Name on Card:
Card Number:
Expiry date:
Security number

For Security: Please only complete these details if faxing, if emailing or posting please contact the hotel by telephone with these details.

How will account be settled? (Please circle appropriately)

Please charge this card and post receipt to the address below Y / N
The Host will settle on the day of the event Y / N
24 Hour delegate guests will settle their own accounts on departure Y / N

Send receipt to:

Please **sign and date** box below to confirm the above details are correct and that you accept our cancellation policy.

FAX BACK TO 01892 570215

Page 1 of 2

Meeting room booking/confirmation form page 2 of 2

Please complete this part for FULL or 24HR delegates

Date of event	Timings	Location: meeting room (M/R) break out (B/O)	No. of Delegates
Arrival		n/a	
First coffee Serving			
Second coffee Serving			
Third coffee Serving			
Lunch			
Departure		n/a	n/a
Number of day delegate	n/a	n/a	
Number of 24hr delegates	n/a	n/a	
Total number of Delegates	n/a	n/a	

Please complete this part for HALF DAY delegates

Date of Event	Timings	Location: meeting room (M/R) break out (B/O)	No. of Delegates
Arrival	7.00 or 13.00	n/a	
First coffee Serving			
Second coffee Serving			
Lunch			
Departure		n/a	n/a
Number of delegate	n/a	n/a	
Total number of Delegates	n/a	n/a	

Notes/Requests or any requirements for bedrooms, food and beverage or equipment or additional hours

FAX BACK TO 01892 570215