

**RHEUMATOLOGY 2015 ROOM HIRE BOOKING FORM**

**Name of contact on the day**

**Onsite Contact details**

|  |  |
| --- | --- |
| **Name:** |  |
| **Company/organization:** |  |
| **Address:** |  |
| **Post code:** |  |
| **Telephone number:** |  |
| **Email:** |  |

**Meeting Name**(We will use this for room signage)

**Intended date and time of meeting. Please give three preferences**(This should include time for set-up and clearing away to the nearest half-hour)

|  |  |  |
| --- | --- | --- |
|  | | **Length of session** |
| **1st preference** |  |  |
| **2nd preference** |  |  |
| **3rd preference** |  |  |

**Number of people expected**

**Room Layout required**(Pleaseindicate what format you would like e.g. theatre style, cabaret, board room, class room)

**AV and additional equipment**   
*(Please note AV equipment will be an additional charge)*

This should be booked directly with the venue only after you have confirmed a room with BSR.   
Please contact Trish at Blitz [tbailey@blitzcommunications.co.uk](mailto:tbailey@blitzcommunications.co.uk). This will be invoiced to you directly by Manchester Central/Blitz.

**Catering requirements***(Please note catering will be an additional charge)*

This should be booked directly with the venue only after you have confirmed a room with BSR.

Please contact Christiana, catering manager at Manchester Central to organize your catering [C.Ilie@manchestercentral.co.uk](mailto:C.Ilie@manchestercentral.co.uk). This will be invoiced to you directly by Manchester Central.

Please sign below

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I have read and will abide by the Terms and Conditions of hire (attached in a separate document).

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return the completed form to:** [**events@rheumatology.org.uk**](mailto:events@rheumatology.org.uk)

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**Room Hire Fees**

Please indicate the rate below

**Hourly Rate Full Day Rate (09.00 – 17.00)**

**Corporate Companies** £80 plus vat £550 plus vat

**National Health Service** £65 plus vat £325 plus vat

**Charities** £50 plus vat £275 plus vat

**Booking/Invoicing contact details**

|  |  |
| --- | --- |
| **Name:** |  |
| **Company/organization:** |  |
| **Address:** |  |
| **Post code:** |  |
| **Telephone number:** |  |
| **Email:** |  |
| **Purchase order number (if applicable):** |  |