

Booking Form

Please return your completed form to:

Email: venues@lsbu.ac.uk

Fax: +44 (0)20 7815 8273

Phone: +44 (0)20 7815 7000

*Please note that your booking is provisional until you receive confirmation from us

Name _____

Company / Organisation _____

Your position _____

How did you hear about LSBU Conference Services? _____

Address _____

City _____

Postcode _____

Email _____

Phone _____

Website _____

Contact name and mobile on day(s) of event _____

Date of event _____

Time of event (Start / end) _____

Time of organiser arrival _____

Name of the event (for signage) _____

Preferred room (if known) _____

Number of participants _____

Do you have any delegates with special needs (i.e. wheelchair-bound, blind, allergies etc.)? _____

Room set up (please tick one)

Classroom (tables and chairs all facing the front)

U-Shape (tables with chairs in a U facing the front)

Theatre (no tables)

Boardroom style (one table with chairs all around)

Cabaret (round tables with chairs facing the front)

Other

Please include (tick any that apply)

A podium at front of the room

A table at the back of the room for handouts

A head table at the front with ____ chairs

A hospitality table outside the room for name badges or handouts

Audiovisual

Always included in your room hire rate are: screen, LCD projector, PC, and DVD player. Internet connectivity is through the LSBU computer only. WiFi may be available in some rooms.

I will also need: _____

Evening and weekend bookings: Media technicians are not on duty during evenings and weekends. In the unlikely event of a media equipment malfunction, you accept that technician will not be available to address media problems during the evening or weekend. By signing this form, you accept these terms.

I have read the LSBU Hiring Agreement and agree to observe the conditions therein.

Applicant Signature _____

Date _____