EVENTS BOOKING FORM

APPLICANT

Name   : [   ]

Company   : [   ]

Company   : [   ]
Address
                       [   ]

Telephone   : [   ] Fax : [   ]

Mobile   : [   ] Email : [   ]

EVENT

Event Title   : [   ]

Event Date   : [   ] Event Type : [   ]

Setup day required : [   ] (no of days before event)

Facilities required :   1. [   ]

                                   2. [   ]

                                   3. [   ]

                                   4. [   ]

                                   5. [   ]

Please tick the following box should you require these services :-

- ☐ *Food & Beverage*
- ☐ *Transponders*
- ☐ *Additional Cleaning Services*
- ☐ *Security Services*
- ☐ *Walkie-talkie for rental*
- ☐ *Segway for rental*