

VOSE **seminary** BOOKING CHECKLIST



ESTIMATED No. ATTENDING _____

EVENT DAY & DATE _____

EVENT TITLE _____

EVENT TYPE _____

ROOM (Please tick)	ACCESS TIME	DEPART TIME	EQUIPMENT (Please tick)
Lecture Room 1	_____	_____	Screen
Lecture Room 2	_____	_____	Whiteboard
Conference Room	_____	_____	Overhead Projector
Dining Room	_____	_____	Digital Projector
Chapel	_____	_____	TV/VCR/DVD
Kitchen/Dining Room	_____	_____	Laser Pointer
Tea making facilities	_____	_____	

(No coffee, tea etc. provided. Organisations will need to supply own coffee, tea, milk etc.)

*****CONTACT PERSON MUST REPORT TO RECEPTION ON DATE OF ARRIVAL*****

SET UP STYLE (Please tick)

U-Shape _____

Workgroups - open face _____

Classroom _____

Registration table _____

EXTRA REQUIREMENTS: _____



Please sketch preferred setup

CONTACT NAME _____

COMPANY NAME _____

POSTAL ADDRESS
 Street _____ Postcode _____
 Suburb _____

EMAIL ADDRESS _____

TELEPHONE: Business: _____
 Mobile: _____

FAX: _____

This form is to be fully completed and returned to the Vose within 48 hours prior to the event.

The Seminary facilities are available, when otherwise not in use.

Bookings are made through the Office

Users are expected to return furniture to original positions, switch off all lights & airconditioners, & close windows.

All dishes must be washed, dried and returned to cupboards upon departure.

Responsibility must be taken for any breakages/damage. The library would not normally be open/available unless booked.

Our insurers have asked that we bring the following to your attention: Any persons or organisations using buildings and other property of the Baptist Union should have Public Liability insurance to protect them for claims arising due to bodily injury or property damage sustained by others. Such users could in some circumstances be liable to the Baptist Union or its Insurers for loss of or damage to church property and they should therefore ensure that their Public Liability policy provides adequate protection to them in this regard. 1 October 2007

I acknowledge and accept the Terms and Conditions dated 1st October 2007.

Signed: _____

Name: _____

Company: _____

Date: _____

Payment Details (see Hire Rates 2008):

We would like to pay this invoice via:

Cheque EFT Credit Card

Send Invoice to: _____

EFT details available on Invoice _____

Please charge my Credit Card

Credit Card: Visa Mastercard

Please circle

Card number: _____

Name on Card: _____

Signature: _____ Expiry Date: _____