



Meeting Room Booking Form

Name of Organisation: Scuba Ref:


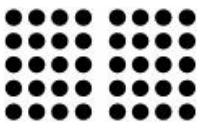
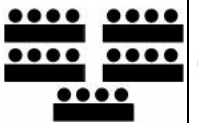



Purchase Order No: Contract Ref:

Meeting Title:

<p>CONTACT DETAILS:</p> <p>Name:</p> <p>Position:</p> <p>Address:</p> <p>.....</p> <p>.....</p> <p>Postcode:</p> <p>E-mail address:</p> <p>Tel No:</p> <p>Mobile No:</p>	<p>INVOICE TO BE SENT TO:</p> <p>Name:</p> <p>Position:</p> <p>Address:</p> <p>.....</p> <p>.....</p> <p>Postcode:</p> <p>E-mail address:</p> <p>Tel No:</p> <p>Mobile No:</p>
---	---

DATE	DAY	TIME FROM	TIME TO	NUMBER ATTENDING	ROOM	LAYOUT

Wi-Fi is available in all rooms.

Maximum Capacity per Layout						
	U-Shape	Theatre	Classroom	Boardroom	Herringbone	Cabaret
Quayside	48	150	64	64	150	128
Noust	10	20		14		
St Magnus Suite		20	12	16		
Lochans/Skerries	19	50	30	28	40	48
Grainayre	24	80	30	50	70	80
New Phoenix		243				
						
					tables/no tables	

EQUIPMENT AVAILABLE FOR HIRE			
Equipment	Number Required	Equipment	Number Required
Laptop (2) - Toshiba Satellite – Intel Core i3 CPU (2.53 GHz) with 4.00 GB of memory Operating System: Windows 7 Home Premium (64-bit) Software: Microsoft Office 2007 and PowerPoint Viewer 2010		Overhead Projector (3)	
		Projector Screens (5)	
LCD Projector (3) – <i>Epson EMP-55</i>		Flipchart with paper	

ADDITIONAL INFORMATION:

Please give full details of any further set-up and requirements you may have including details of admin or technical support you may require.
 If you are using your own equipment, it is your responsibility to check that it is compatible with our equipment.

.....

.....

.....

.....

.....

.....

.....

.....

.....

DECLARATION:

I have read and understood the conditions of hire and agree to abide by them. I will not assume that by submission of this application form, the booking will be accepted. **I agree that this application is provisional, subject to availability of facilities, until confirmation has been made. I understand that if I cancel with less than 24 hours notice, I will be charged in full**

Signed Date

PRINT

Please return this form to:
 Contracts Administrator, The Pickaquoy Centre, Muddisdale Road, Kirkwall, Orkney, KW15 1LR.

FOR OFFICE USE ONLY:

Pickaquoy Centre Contact: Date Of Enquiry: / /

Confirmed Booking: / / Written Confirmation Sent: / /

Passed To For Invoicing: / / Conditions Of Hire (enclosed)
 Cancellation Policy (enclosed)