

Brisbane Conference Room Booking Form

Your Name: _____

Your Contact Details: Phone: _____ Email: _____

Your Organisation: _____

Contact Details: _____ Postal Address: _____

(If different from above) Phone: _____ Email: _____

DATE/S ROOM REQUESTED: ____/____/____ Time: _____ am/pm

Until: ____/____/____ Time: _____ am/pm

Purpose of Booking: _____

Approximate Numbers Expected: _____

ROOM SET UP: (please indicate)

- Boardroom Style (seats up to 20) Lecture Style (seats up to 40)
 Small Workgroups (4-6 per table, seats up to 20)
 Other: _____

AUDIO VISUAL REQUIREMENTS:

- Laptop & Ceiling Projector DVD / VCR Player Electronic Whiteboard

OTHER ROOM REQUIREMENTS:

CATERING REQUIREMENTS: (please indicate)

- No thanks, we will arrange our own catering
 Yes, please arrange catering for ____ persons. (LifeTec will be in contact to discuss your needs).
 Morning Tea Lunch Afternoon Tea
 Other: _____

Invoicing and Payment Options:

LifeTec will provide you with a booking reference number and tax invoice for total amount based on the information provided.

Please send Tax Invoice to:

Billing name:

Billing organisation:

Billing address:

Contact phone:

Contact email:

Other details:

Cancellation & Refund Policy

Cancellations up to 7 days prior to the session will receive a full refund. Fees from persons/organisations who cancel less than 24 hours prior to the event is not refundable and will be considered a tax deductible donation. Thank you for your generosity.

Please complete this form and fax to:

07 3552 9088