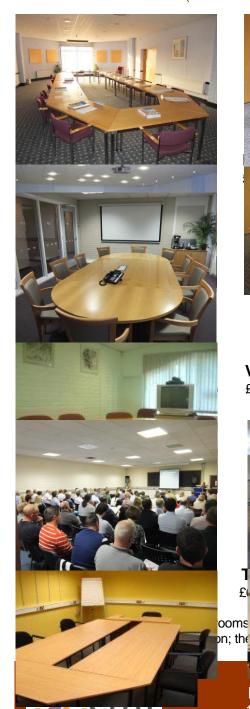
# **Room Booking Form**



### **BOOKING DETAILS:**

Name of Person Making Booking:						
Company:	E-Mail:					
Event:		Numbers Attending:				
Event Date/s:	Start Time:	Finish Time:				

**ROOM REQUIRED:** (Please tick appropriate box or double click if electronic copy)





**VET Training Room** ☐ £80 per/day (Ground Floor)









Nutts Corner Training Centre
17 Dundrod Road, Crumlin, BT29 4SR
Tel: 028 9082 5466 Fax Back: 028 9082 5693

# **Room Booking Form**

## **SEATING ARRANGEMENTS:** (Please tick appropriate box or double click if electronic copy)

Theatre Style: U' Shape: Meeting: X Classroom: Delase be advised that room capacity will vary depending on room layout selected. You will be notified if the room selected will cause problems based on the proposed numbers attending and layout selected.							
selected v	wiii cause problems base	ed on the proposed num	pers attending and i	layout selected.			
<b>EQUIPMENT REQUIREMENTS:</b> (Please tick appropriate box or double click if electronic copy)							
A1 Flip Chart:	☐ Data P	rojector:	Overhead	Projector:			

## **LOCATION:**





