**Castle Point Association of Voluntary Services**

**Meeting Space – Booking Form**

*Please read the terms and conditions for the hire of the room prior to completing this form.*

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| **Name of Organisation** |  |
| **Contact Name** |  |
| **Contact Number** |  |
| **Contact Email** |  |
| **Which meeting space would you like to book?** *(photos of the room are on the website)** **Option 1 – Board Room** *(Seats up to 14 people)*
* **Option 2 – Classroom Style** *(Seats up to 16 people)*
* **Option 3 – Theatre Style** *(Seats up to 20 people)*

Please allow for set-up and departure time within the booking you are requesting.The Room will need to be vacated by the time stipulated, due to other potential bookings. |
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| **When would you like to use the room?** |
| **Date** |  |
| **Time from** |  |
| **Time to** |  |
|  |
| **Date** |  |
| **Time from** |  |
| **Time to** |  |
|  |
| **Date** |  |
| **Time from** |  |
| **Time to** |  |
|  |
| **Date** |  |
| **Time from** |  |
| **Time to** |  |
|  |
| **Date** |  |
| **Time from** |  |
| **Time to** |  |
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|  |
| **Which office facilities do you require?*** **Access to Wi-Fi**
* **Large television screen *(with VGA/HDMI Connectors, speaker facility available)***
* **Extension lead**
* **A1 Flip Chart *(additional charge for paper and pens)***
* **Buffet Menu *(additional charges will apply, prices upon request)***
* **Other – please specify: *(additional charges may apply)***
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| **Invoice Details** |
| **To whom should the invoice be sent?** |
| **Name:** |  |
| **Email Address:** |  |
| **Contact Number:** |  |
| **Phone Number:** |  |
| **Postal Address:** |  |

* **I accept the terms and conditions for use of the meeting room**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position:­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Office Use Only****Date form received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Room available:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Charges applied:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Any additional information:** |

***Please return this form to:***

*Castle Point Association of Voluntary Service, The White House, Behind the Council Offices, Kiln Road, Benfleet SS7 1BU, 01268 214000*

 *or email:* *meetingrooms@cavsorg.uk*