**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** |  |
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| **Date** |  |
| **Time from** |  |
| **Time to** |  |
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| **Date** |  |
| **Time from** |  |
| **Time to** |  |
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| **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*](mailto:meetingrooms@cavsorg.uk)