

Facilities Booking Form

For office use only	
Invoice	
Refreshments Invoice	

Please would you complete and return this booking form to
Felicity Pointer at roombookings@interhealth.org.uk

Organisation Details

Name (Including Branch or Division):	
InterHealth Account Code (if applicable):	
Address:	
Contact Name, phone number, & email:	
Person responsible for booking on the day, phone number, & email:	
Special Offer Code:	
Recommended by/colleague recommending:	

Room Hire Requirements

	Conference Room (up to 14-25)	Meeting Room (up to 8)	Training Room (up to 50)
Date Room Required:			
Arrival Time:			
End Time:			
Number of People Attending:			
Layout of room: Boardroom / Lecture / Cabaret (Training Room only) Projector and screen required : Yes / No Any additional information:			

Refreshments and Extras

Please delete as appropriate		
Lunch required?	Yes (£5.50 / £8.50)*	No
Refreshments required?	Yes	No
Biscuits required with refreshments?	Yes	No
Flip chart & pad required?	Yes	No

*£5.50 Sandwich Lunch, £8.50 Extended sandwich menu plus extra snacks and pastries

I the undersigned agree to the conditions of hire and will accept responsibility in the event they are breached.

Signature: Date:

Name

Position

Please return completed forms to:

Room Bookings
InterHealth
111 Westminster Bridge Road
London SE1 7HR

Tel: 020 7902 9000 Fax: 020 7902 9091

E-mail: roombookings@interhealth.org.uk

For more information: www.interhealth.org.uk/roombookings.htm

How did you find out about our facilities?

Once we have received your form, we will confirm your booking by invoice.

Thank you,

The Room Booking Team