

CONFERENCE BOOKING CONFIRMATION

BOOKING DETAILS	
BOOKING DATE	
BOOKING NAME	
COMPANY NAME	
COMPANY ADDRESS	
COMPANY TEL NO	
EMAIL ADDRESS	
CONFERENCE DETAILS	
START TIME	
FINISH TIME	
NO. OF DELEGATES	
24HR/DAY DELEGATE	
ROOM LAYOUT	
FOOD REQ	
TEA/COFFEE REQ	
EQUIPMENT REQ	
INVOICE REQ	
ROOM ALLOCATED	
ADDITIONAL COMMENTS	