

Room Booking Form



Please complete and return to serena@ardsbusiness.com or fax to 028 91820625

NAME: _____
ORGANISATION: _____
TELEPHONE: _____

ROOM (S) REQUIRED SKETRICK HOUSE :

Ground Floor

Seminar Room 1 (450 sq ft)
Seminar Room 3 (900 sq ft)
Strangford Park Seminar Room

First Floor

Meeting Room 1 (70 sq ft)
Meeting Room 2 (70 sq ft)
Directors Office (150 sq ft)

DATES REQUIRED _____

TIMES REQUIRED From : _____
To : _____

Please note: Room will be available no more than 15 minutes prior to time of booking

TOTAL NO OF HOURS: _____

NUMBER OF PARTICIPANTS:

ROOM SETUP: Board Theatre
Custom

EQUIPMENT : eg.
Data projector / flip chart

SIGNAGE (to direct clients to room):

CATERING REQUIREMENTS (Sketrick House only): Yes No

INVOICING DETAILS

Contact: _____ Department: _____
Company: _____
Address: _____

Email address for invoice to be sent to: _____

SIGNED: _____ DATE: _____

For ABC Use Only

Input in Room booking diary: Initials: _____ Date: _____
Room Booking cost Quoted: £ _____ + VAT
Catering Cost Quoted: £ _____ + VAT
Catering provider: _____ Ordered: PO Number