

# conference booking initial enquiry form



## about you

YOUR NAME

YOUR COMPANY NAME

YOUR POSITION

COMPANY ADDRESS

NAME OF EVENT

DATE OF EVENT

HOW DID YOU FIND OUT ABOUT OUR FACILITIES?

YOUR CONTACT NUMBER

MOBILE NUMBER

EMAIL ADDRESS

## about your booking

SELECTED VENUE

NUMBER OF DELEGATES

ROOM STYLE (PLEASE CIRCLE) Theatre Classroom Boardroom Caberet Exam Other

EXPECTED START TIME

EXPECTED FINISH TIME

BREAK TIMES

CATERING (PLEASE CIRCLE) YES NO

YOUR SIGNATURE AND DATE

Are you happy to receive marketing information in the future? (PLEASE CIRCLE) YES NO

please email to [conference@londonmet.ac.uk](mailto:conference@londonmet.ac.uk)  
or fax the form to 020 7133 2127

### For office use only

Booking reference	<input type="text"/>	Media requirements	<input type="text"/>	Quote: room venue hire	<input type="text"/>
Account number	<input type="text"/>	Catering requirements	<input type="text"/>	Quote: catering	<input type="text"/>
Cost centre	<input type="text"/>	Requisition no(s):	<input type="text" value="Room"/>	Catering	<input type="text"/>