



# Room Hire Booking Form

## BUSINESS DETAILS

Full Name		Street Address	
Email Address			
Phone Number		Suburb and Post Code	
Business Name:	Name:	ABN::	

## ROOM HIRE DETAILS

Booking Date(s):	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday						
	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Preferred Times	Start Time	End Time					
Approx. number of Attendees							
Notes <small>(Equipment requirements, catering, etc.)</small>							

## ROOM HIRE RATES

Training Room	Daily Rate
Saturday, Sunday, Monday	\$ 550 (excl. GST)
Tuesday - Friday	\$ 450 (excl. GST)

For room rental outside of our standard opening hours Tuesday - Friday, a \$20 fee per additional hour will apply. No additional fees apply Saturday – Monday. The standard clinic hours are listed below:

- Tuesday: 9:00 – 6:00pm
- Wednesday: 9:00 – 6:00pm
- Thursday: 2:00 – 6:00pm
- Friday: 9:00 – 8:00pm

## CLIENT ACKNOWLEDGEMENT

All final details must be received 5 working days before the date of the event. This includes room layout, number of attendees, catering and equipment requirements. A 10% deposit is required to secure your booking. Your invoice will be sent before the event and is payable 14 days from the invoice date. All room hire bookings require minimum 72-hour notice for cancellations. Bookings cancelled within this 72-hour period will incur a \$200 cancellation fee. I agree to the terms and conditions supplied with this booking form.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

OFFICE USE:

Booking Fee Total	\$	Notes:
Confirmed Dates:		
Deposit Paid:	<input type="checkbox"/> Date: _____	
Extra Requirements:		