

Time:

Room booking form

Date of Meeting:

Event Title:

	(Please note this will be used on digital signage to direct your delegates)
Number of attendees:	
Special requirements:	flip chart stand other
Company name & address: (For Worcestershire County Council colleagues please enter your directorate, cost centre & G/L code)	
Lead person:	
Contact email:	
Telephone number:	
Description of Business:	
Invoice details: (Please complete if different to the above)	
Company name and address:	
(Please include post code)	
Purchase order number:	
and be bound by the conditions of hi Council property or injury to person accidents, damage or injury arising a	rtake to pay the appropriate hiring fee (and any additional due charges), to observe iring and to indemnify the County Council against any accidents or damage to County is which may be incurred as a result of the hiring save and except in respect of any such is a result of the negligence or breach of statutory duty of the County Council. I also spect of Covid-19 (as per attached document).

Signature of Applicant:

Use Approved:

When completed please email this form to bookings@thehiveworcester.org

For Office Use Only

Date:

Date:

Ref Room Invoice amount a partnership between



