

ASGMA ROOM / CENTRE HIRE FORM

Organisation / Individual Name _____

Contact address _____

Telephone No. _____ Email _____

Dates Required _____

Which Room / Rooms do you wish to hire? _____

Room Hire

HALF DAY 9.30am to 1.00pm

HALF DAY 1.30pm to 5.00pm

ALL DAY 9.30am to 5.00pm

4 HOURS OR LESS

Number of Hours & Times:

Equipment Hire

TV and Video

LAPTOP COMPUTER

DATA PROJECTOR (for laptop)

OVERHEAD PROJECTOR

please tick if you require

please tick if you require

No charge

Number required

Number of people who are coming (max 30) _____

Do you require Refreshments? YES / NO If yes, for how many people _____

Any special needs of attendees _____

Purpose of Meeting / Room Hire : _____

ASGMA Member: Yes / No

Invoicing Details

Contact Name _____

Invoice Address _____

Purchase Order Number _____

Signed _____ Date _____

RETURN TO:- Email: administrator@asgma.org.uk OR Post: ASGMA, 1114 Chester Rd, Stretford, Greater Manchester, M32 0HL

Office Use	
ASGMA Invoice No: _____	Date Invoice Issued: _____