



Booking form - Meetings and conferences

Title of meeting/conference				_		_		
Organiser				Leader / trainer (if different)				
Address	li li			Învoice name				
					ddress erent)			
				(11 4111	010111)			
Email address				1				
Daytime					Mobile elephone no.			
telephone no. Date(s)				telepr	none no.			
requested								
Arrival time		Meeting start time				Depart	ure time	
Please note that	the roo				re your sta	ted arriva	I time.	
No. of delegates				No	of rooms re	equired		
				Drin	nks require	4	Arrival	
Lunch required (please include preferred time)			(ple	ase include	Э	Morning		
				pref	erred times	Afternoon		
We can cater for	the ma	jority of sp	pecial diets	with a r	minimum o	f seven da	ays notice.	
Cancellation fees may be incurred if cancelling within seven days – please ask for details.								
Please circle roor	m layou	ıt required	Horseshoe				al facilities re	
Cabaret Style			or Boardroom style		heatre Style	(Ilipchart,	screen, project	or, otner)
Table	Classro Tables	om Style						
				hairs \square \square				
ن میں م						Diagon inc	lianta lavaut af	the room
				□ □	Chairs		licate layout of xamples show	
Max 36	Max	¢ 40/18	Max 28/	′18 N	⁄lax		·	
Please specify if another set up is required								
Any other information								
(e.g. wheelchair a		dietary,						
medical needs)								
Any portable electrical equipment should be fully P.A.T. compliant.								
Please enter your	r DCC (Cost Cent	re for interr	nal char	ging			
(if applicable)								
Signature					Date			
Please return this form to Lea Green Centre within 2 weeks of the date of your enquiry. If we have not received								
your completed form within this time scale your enquiry details will automatically be removed from our system. Lea Green Learning and Development Centre, Main Road, Lea, Matlock, Derbyshire, DE4								
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5GJ Tel: 01629 534561/ email: leagreen.admin@derbyshire.gov.uk or visit us at www.leagreencentre.com





FOR OFFICE USE ONLY:						
Dates offered		No of students	N		lo of staff	
Room allocated		CU Sheet		M	U Sheet	
Provisional Costings		Confirmation Letter	Post			
			Email			
Invoice No		Date		A	mount	

ROOM	ROOM LAYOUT	MAX NO. OF DELEGATES
CONFERENCE	BOARDROOM	22 – 28
	HORSE SHOE	26
	CLASS ROOM	40
	THEATRE	65
	THEATRE (with projector in)	55 – 60
	CABARET	6 X 6 TABLES (36)
	CABARET (with projector in)	6 x 4 TABLES (24)
MEETING	BOARDROOM	16 – 18
	HORSE SHOE	16 - 18
	CLASS ROOM	16 – 18
	THEATRE	30
COTTAGE KITCHEN	2 TABLES WITH CHAIRS ALL AROUND	15
POTTING SHED	BOARD ROOM	16
	CLASS ROOM	20
	THEATRE	30