|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title of meeting/ conference | |  | | | | | | | | | | | | | |
| Organiser | |  | | | | Leader/trainer (if different) | | | | |  | | | | |
| Address | |  | | | | Invoice name and address  (if different) | | | | |  | | | | |
| Email address | |  | | | | | | | | | | | | | |
| Daytime telephone no. | |  | | | | Mobile  telephone no. | | | | |  | | | | |
| Date(s) requested | |  | | | | | | | | | | | | | |
| Arrival time | |  | |  | | Departure time | | | | |  | | |  | |
| *Please note that the room may not be available before your stated arrival time.* | | | | | | | | | | | | | | | |
| No. of delegates | | |  | | | | No of rooms required | | | | | |  | | |
| Lunch required (please include preferred time) | | |  | | | | Drinks required (please include preferred times) | | | | | | Arrival | |  |
| Morning | |  |
| Afternoon | |  |
| We can cater for the majority of special diets with a minimum of seven days notice. Cancellation fees may be incurred if cancelling within seven days – please ask for details. | | | | | | | | | | | | | | | |
| Suggested room layout:  horseshoe or boardroom    Please specify if another set up is required | | | | | | | | | | Additional facilities required:  There is now a wireless 75” TV in each room | | | | | | |
| Any other information  (e.g. wheelchair access, dietary, medical needs) | | | | |  | | | | | | | | | | |
| Any portable electrical equipment should be fully P.A.T. compliant. | | | | | | | | | | | | | | | |
| Please enter your DCC Cost Centre for internal charging (if applicable) | | | | | | | | | | | |  | | | |
| Signature |  | | | | | | | Date |  | | | | | | |
| *Please return this form to Lea Green Centre*  Lea Green Learning and Development Centre, Main Road, Lea, Matlock, Derbyshire, DE4 5GJ Tel: 01629 534561/ email: [leagreen.admin@derbyshire.gov.uk](mailto:leagreen.admin@derbyshire.gov.uk) | | | | | | | | | | | | | | | |

**Meetings and Conferences Booking form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| FOR OFFICE USE ONLY: | | | | | | |
| Dates offered |  | No of delegates |  | No of staff | |  |
| Room allocated |  |  |  |  | |  |
| Provisional Costings |  | Confirmation Letter |  | |  | |
| Email | |  | |
| Invoice No |  | Date |  | Amount | |  |

|  |  |  |
| --- | --- | --- |
| **ROOM** | **ROOM LAYOUT** | **MAX NO. OF DELEGATES** |
| CONFERENCE | BOARDROOM | 20 |
|  | HORSE SHOE | 20 |
|  | CLASS ROOM | 40 |
|  | THEATRE (Chairs only) | 40 |
|  | CABARET | 20 |
|  |  |  |
| MEETING | BOARDROOM | 15 |
|  | HORSE SHOE | 15 |
|  | CLASS ROOM | 16 |
|  | THEATRE (Chairs Only) | 16 |
|  | CABARET | 16 |
|  |  |  |
| COTTAGE KITCHEN | 2 TABLES WITH CHAIRS  ALL AROUND | 15 |
| POTTING SHED | 1 LARGE TABLE WITH CHAIRS ALL AROUND | 20 |
|  | CLASS ROOM | 20 |