

Booking Enquiry Form

Please complete the form with as much detail as possible

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| --- | --- | --- | --- |
| Name |  | | |
| Address |  | | |
| Tel. |  | Email |  |

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| --- | --- | --- | --- |
| **College Member** |  | **University Member** |  |

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| --- | --- |
| Event Details | |
| Event Title |  |
| Purpose of The Event |  |
| Name of the Organisation |  |
| Date : |  |
| Time: |  |
| Total Number of Attendees |  |
| Number of St Edmund’s College Members |  |
| Number of Non-St Edmund’s College Members |  |

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| Please indicate if you have a Function Room preference, layout and if AV required |
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| Please indicate your Catering Requirements |
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**Please Submit All Final Details 10 Days Before The Event**

**To be completed and emailed to** [**conference.coordinator@st-edmunds.cam.ac.uk**](mailto:conference.coordinator@st-edmunds.cam.ac.uk)

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| Date and Signature of Event Organiser |
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