



BOOKING FORM

SIGNAL Centre of Business Excellence,

2 Innotec Drive, Balloo Road, BANGOR, Co Down, BT19 7PD
 Telephone: 028 9147 3788 Fax: 028 9147 3485 Email: signal@northdown.gov.uk



Booking Ref No

Date(s) Facilities Required:

Business Name:

Address:
 Postcode

Contact Name:

Telephone number:

E-mail address:

For Room Hire Rates please refer to Facility Charge sheet.

Room Required	Seating Style and Capacity	Please tick	Times required		No of People	AV EQUIPMENT	Please Tick
			From	To			
Interview Room	Maximum numbers 6. Number required =					Data Projector	
Syndicate Room	Boardroom - 8 people					Electronic White Board	
	Classroom - 9 people					Plasma Screen	
	Theatre - 12 people					Lectern with Microphone	
	Cabaret - 12 people					Radio Microphone	
Suite 1	Boardroom - 24 people					Visual Presenter	
	Theatre - 40 people					Internet Access	
	Classroom - 16 people					Video/ DVD Player	
	Cabaret - 24 people					Laptop computer	
Suite 2	Boardroom - 36 people					Overhead Projector	
	Theatre - 60 people					Flipchart	
	Classroom - 24 people					Video Conferencing	
	Cabaret - 36 people					Please quote ISDN nos	
Suite 3	Boardroom - 40 people					Please note that if you require to bring your own discs or CDs these need to be virus scanned by our IT Department BEFORE your event.	
	Theatre - 120 people						
	Classroom - 42 people						
	Cabaret - 60 people						
IT Training Suite 1	Classroom - 10 people						
Suite 4	Boardroom - 18 people						
Executive Business Lounge	Boardroom - 18 people						

Catering Requirements: Tailored catering arrangements on request. Please specify items and times required

	Morning - 8.00 am - 12 noon	Afternoon - 2.00 pm - 5.30 pm	Evening - 5.30 pm - 8.00 pm
Tea/Coffee			
Tea/Coffee/Biscuits			
Tea/Coffee/Scones or Traybakes			

Lunch – Please specify which menu option is required and at what time, and also any special dietary requirements.

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Please Note

- Cancellation fees are due on any bookings cancelled at short notice.
- All bookings made for 1 hour are liable for the half day charge to account for set-up and break-down times.

Signed:

FOR OFFICE USE ONLY			
Invoice Raised: Date	_____	Amount: _____	Signed: _____