Room Booking Form



Date:

JCU Anatomy & Pathology

Contact Name & Title:

ORGANISATIONAL INFORMATION					
Name of Entity:			Contact Name:		
Email:			Telephone:		
Address:			Postal Address: (if different from address)		
BOOKING INFORMATION					
Name of Event:					
Date & Time:			Room:		
Equipment Requi	red:	☐ Specimens listed ☐ ☐ Whiteboard	Audio visual inc. room linking	No. Attendees:	
Term & Conditions 1. Access to the f	acility is s	strictly limited to 7.00 to 20	L:00 Monday to Fric	day (excluding publ	lic holidays), unless
 otherwise arranged. Delegates are to comply with the Health & Safety requirements of the Anatomy & Pathology areas as outlined in the Safety induction provided. Whilst JCU Anatomy & Pathology Technical team staff are happy to provide technical support, they are not responsible for tutoring, photocopying, printing or formatting of presentations. Should an Anatomy & Pathology area booking need to be cancelled, delegates are to 					
	Anaton	ny & Pathology Technica	-	_	
In completing this booking form I understand that myself, and any event attendees, hereby agree to adhere to the terms and conditions as stipulated above.					

Signature: