

# Pioneering Care Partnership

## Conference Room Booking Form

### Contact/Company Details

Contact Name:		Job Title	
Department:		Organisation:	
Full Address:		Type of Organisation:	<input type="checkbox"/> Statutory/Private <input type="checkbox"/> Voluntary/Community Charity No.
Post Code:			
Phone no:		Email:	

### Booking Details

Date of Event	Event Title	Start time	Finish time	Room	Room Layout	No. of attendees

### Equipment

<input type="checkbox"/> Flipchart (£3)	<input type="checkbox"/> PA System	<input type="checkbox"/> Powerpoint (£6)	<input type="checkbox"/> TV/Video/DVD (£3)
<input type="checkbox"/> Wireless Internet	<input type="checkbox"/> Interactive Whiteboard	<input type="checkbox"/> Laptop (£3)	<input type="checkbox"/> Whiteboard (f.o.c.)

### Catering

#### Buffet Time required

Finger Buffet	Hot Buffets	Buffet Extras	Lighter Buffet	Platters
<input type="checkbox"/> Menu A	<input type="checkbox"/> Lasagne	<input type="checkbox"/> Garlic Bread	<input type="checkbox"/> Soup/Sandwiches	<input type="checkbox"/> Sandwich
<input type="checkbox"/> Menu B	<input type="checkbox"/> Sweet n Sour	<input type="checkbox"/> Rice	<input type="checkbox"/> Bacon Baps	<input type="checkbox"/> Tropical Fruit
<input type="checkbox"/> Menu C	<input type="checkbox"/> Chilli	<input type="checkbox"/> Baked Potato	<input type="checkbox"/> Sausage Baps	<input type="checkbox"/> Fresh Fruit
<input type="checkbox"/> Gateaux	<input type="checkbox"/> Chicken Curry	<input type="checkbox"/> Spicy Wedges	<input type="checkbox"/> Croissants	<input type="checkbox"/> Pizza
<input type="checkbox"/> Cheesecake	<input type="checkbox"/> Beef Curry	<input type="checkbox"/> Naan Bread	<input type="checkbox"/> Danish	<input type="checkbox"/> Cheese/Biscuit
<input type="checkbox"/> Jam/Cream Scone	<input type="checkbox"/> Penne Pasta (v)		<input type="checkbox"/> Afternoon Tea	

Tea/Coffee & Biscuits? Yes  Times required:

Other catering details i.e. special dietary requirements:

Other Additional Information:

Invoicing details (if different from above):

Name:		Full invoice address:
Dept/Section:		
Phone no:		
Email:		

To help us provide a good quality service please could you complete the following short questionnaire below. Your comments would be much appreciated. Thank you.

	Excellent	Good	Poor	Very Poor
Booking admin/service professional/courteous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room Hire Rates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buffet Choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buffet Prices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of information/brochure/form etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How did you hear about the Pioneering Care Centre?

<input type="checkbox"/>	Previous User	<input type="checkbox"/>	Newsletter/Flyer/Press	<input type="checkbox"/>	Other (Please give details):
<input type="checkbox"/>	Word of Mouth	<input type="checkbox"/>	Website		

For further information please contact 01325 327469.  
 Email: [roomhire@pcp.uk.net](mailto:roomhire@pcp.uk.net) or please visit our website [www.pcp.uk.net](http://www.pcp.uk.net)