LIB01





RANDOLPH STOW MEETING ROOM BOOKING FORM

CONTACT DETA	ILS		
Organisation:			
Contact Person:			
Postal Address:			
Email Address:			
Phone Number:			
BOOKING DETA	ILS		
Date:		No of Attendees:	
Start Time:		End Time:	
Booking Room:	Meeting Room 1	☐ Meeting Room 2	Both
PREFERRED PAY	MENT METHOD		
Payment:	□Invoice	Card over the phone payments available	
ADDITIONAL RE	QUIREMENTS		
Items:	☐ Projector	Wall Mounted Whiteb	ooard
	☐ Tea/Coffee		
Comments:			
☐ I have read a	nd understood the Meet	ing Room Terms and Condit	ions of Use
Signature:	Date:		



W www.library.cgg.wa.gov.au