



Athlone Education Centre Room Booking Form

Organisation/Group: _____

Payee Name: _____

Payee Address (for invoice): _____

Expected no. of participants: Primary _____ Post Primary _____ Other _____

Name of contact person: _____

Tel: _____ Fax: _____ E-mail: _____

Name of Facilitator/s on the day: _____

Tel: _____ Fax: _____ E-mail: _____

Dates Required: _____

Access to Building at: _____

(If earlier than 9.30a.m., please state time)

Starting time: _____ Finishing Time: _____

Equipment required: Data Projector _____

Overhead Projector _____

Flipchart Stand _____

T.V./DVD _____

Room Layout: _____

Tea/Coffee/Biscuits: Yes _____ No _____ Time : 11.00am

Lunch 1.00pm: Yes _____ No _____
(If yes, please discuss requirements with us)

Signed: _____

Position: _____

Date: _____