

BASE 4 – BOOKING FORM

JENNY COLE CONFERENCE ROOM

1 – 24 PAX

Please complete the form and fax it to 0861-393-272 or scan it and E-Mail it to fwdcsa@icon.co.za

	SURNAME AND INITIA	ALS:			
	MEMBERSHIP NUMBI	ER:			
	CONTACT NUMBER:				
DATE/S REQUIRED: TYPE OF MEETING:					
	TIME OF MEETING:				
	CURE THE BOOKING FUL MEMBERS	L PAYMENT			FIRMATION. ORATE
	PER DAY	R1600 PER DAY		R3200 PER DAY	
Y/N Y/N Y/N	Armed Guard/s Flip Chart Proxima Projector		R900 Per Day/Guard R50 Per Day R100 Per Day		R R
Y/N	Staff –Overtime		R35 Per Hour/Person		R
Y/N	Tea/Coffee		R10 PER PERSON P/D		R
		_			
			VENUE HIRE		R
			TOTAL DUE		R
	TOTAL NUMBE	R OF VFHICL	TOTAL DUE ES EXPECTED		R
	TOTAL NONDL				