



## ROOM BOOKING / CONFIRMATION

When completing form refer to Policy CS.POL.XXX or Procedure CS.PROC.XXX

All Hire Prices are PLUS GST

Please Fax: 9172 1963

Port Hedland

Name of Subject /Course/Roll Number/Booking Reason:		
Department / Organisation:		
Contact Name:		
Postal Address:		
Phone:	Fax:	
E-mail:		
Is Organisation an RTO?	RTO Number:	Is course accredited?
Date Required From:	To:	Please Circle
Time Required From:	To:	Daily / Weekly / Fortnightly
Approximate Number of People:	Room Type (Classroom, Computer Lab):	
Room Number (If known)		
Equipment Required – External bookings only (Please tick)		
<input type="checkbox"/> TV/Video <input type="checkbox"/> Whiteboard <input type="checkbox"/> Electronic Whiteboard <input type="checkbox"/> Slide Projector <input type="checkbox"/> Data Projector <input type="checkbox"/> Overhead Projector <input type="checkbox"/> Other (please specify) .....		
Please note that all equipment requests are subject to availability		
Signature	Date	
<i>I understand that if I am using these facilities for training purposes. Any advertising is to include a statement that the training is not endorsed or sponsored by Pilbara TAFE.</i>		

### CLIENT SERVICES USE ONLY

Room Number Booked:	Campus:	South Hedland
CMIS Input By:	Date:	
Fees and Charges:	Non Refundable Booking Fee	\$
	Room Hire Charge	\$
	Equipment Hire Charge	\$
	<b>Include GST TOTAL FEES &amp; CHARGES</b>	\$

### PAYMENT DETAILS

<b>Purchase Order Number:</b>	<b>Cheque:</b>
<b>Cheque:</b>	<b>Cash:</b>
<b>Credit Card: Type:</b>	<b>Name of Holder:</b>
<b>Number:</b>	<b>Expiry Date:</b>

### CONFIRMATION

Confirmation Sent:
Facilities Notified:
Security Notified:
Signature: Date:

(Please note that the College's insurance does NOT provide cover for claims arising from any negligent acts committed, or alleged to have been committed, by the hirer or any other third parties, nor does it cover theft or loss of personal property).