65 HIGH STREET BANGOR LL57 1NR

Enquiries@nwneuro.co.uk

CLINIC ROOM BOOKING FORM

Name:				
Contact Number	:			
	bookings and Invoic dress. Invoices will b each month)			
Clinic Room 1	Reception Room	Basement Meeting Space	2 nd Floor Meeting Room	Attic Room
Full Day at £80 ½ Day at £50 Hourly at £20	Full Day at £80 ½ Day at £50 Hourly at £20	Full Day at £80 ½ Day at £50 Hourly at £20	Full Day at £80 ½ Day at £50 Hourly at £20	Full Day at £80 ½ Day at £50 Hourly at £20
Date & Room Required:	Please specify Requirements (1/2 day, Full day. Hourly rate – please specify hours needed) If booking meeting rooms please specific number of delegates.			
1/2 day rates are for four hour blocks 8.30am $-$ 12.30pm, 13.00pm $-$ 17.00 pm. $1/2$ and full days can be arranged outside these hours upon request.				
Meeting room boo at an additional fe		and coffee facilities for al	l delegates. Lunch (can be arranged
Cancellation: Any cancellation must be made before 4pm on the day prior to the date of booking. Bookings cancelled after this will charged the full booking rate.				
Signed:				
Date:				