

65 HIGH STREET BANGOR LL57 1NR

Enquiries@nwneuro.co.uk

CLINIC ROOM BOOKING FORM

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| Name: | |
| Contact Number: | |
| E-mail: <i>(Confirmation of bookings and Invoices will be sent to this address. Invoices will be sent out at the end of each month)</i> | |

| Clinic Room (Ground Floor) | Reception Room | Basement Meeting Space | Clinic Room (First Floor) | 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. | | | |
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½ day rates are for four hour blocks 8.30am – 12.30pm, 13.00pm – 17.00 pm. ½ and full days can be arranged outside these hours upon request.

Meeting room bookings include tea and coffee facilities for all delegates. Lunch can be arranged at an additional fee upon request.

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:

Please return this form via e-mail to: enquiries@nwneuro.co.uk or send to
65 High Street, Bangor, Gwynedd, LL57 1NR