



Meeting room booking

Name of organisation _____

Name contact person _____

Postal address _____

Telephone (work) _____

Fax _____

Mobile phone _____

E-mail address _____

Date meeting _____

morning (8-12am) afternoon (1-5pm) whole day (8am-5pm)
(please tick desired option)

Purpose of hire _____

Number of people _____

Diet requirements _____

Additional requirements _____

Rates: (please complete to calculate total amount)

Morning or afternoon session incl. 2 people		= \$125
Extra person \$5 x \$5	= \$
Total amount		\$

or

Whole day session incl. 2 people		= \$275
Extra person \$12.50 x \$12.50	= \$
Total amount		\$



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Australia

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Fax: +61 7 5493 9443
ABN: 53 044 845 998

welcome@currimundilakeside.com.au
www.currimundilakeside.com.au

Payment (Master or Visa card):

I herewith allow Currimundi Lakeside Bed & Breakfast to debit my credit card with the following details:

Name on card _____

Number _____

Expiry date _____

Security code
(last 3 digits on back of card) _____

Amount (see rates above) \$ _____

I _____ (the undersigned), on behalf of _____
confirm to hire the meeting room at Currimundi Lakeside Bed & Breakfast and
agree with the conditions of hire and use.

Signature: _____

Name: _____

Place: _____ Date: _____

Thank you for returning by fax to number +61 7 5493 9443