

## ROOM BOOKING FORM – ARCHWAY AND HOSPITALS CAMPUSES

This service is provided by Estates and Facilities Office - The Archway Campus – 2-10 Highgate Hill - London - N19 5LW

**Tel: 020 7288 3627 Fax: 020 7288 5234**

Name of person making the booking (including title)												
Other persons to be notified including name of Lecturer / Guest Speaker												
Name of Organisation	UCL	MU	WH	RF	NM	CIMHT	IPCT	AACM	NIMH	PGEC	Other	
(Asterisks Box)												
If Other - please state												
Name of Department												
Full Postal Address												
E-mail address												
Telephone No.						Fax No.						
Date/s of Function												
Time (from – to)												
Date/s of Function												
Time (from – to)												
Preferred Campus						Preferred Room						
Alternative Campus						Alternative Room						
No. of persons attending						Is disabled access required?			Yes		No	
Programme and Module Name and Number or Function Title												
Is function?	Weekly		Monthly		Yearly							
Is function?	Post-grad		Under-grad		Post-reg		Pre-reg					
<b>Room Layout Requirements (Please asterisks below how you would like the room set out)</b>												
Seminar Style		Classroom Style		Exam Style		Meeting Style		Interview Style		Clear Room		
Room layouts will be standard classroom style unless you request otherwise at the time of submitting your booking request												
<b>Audio Visual Equipment (Please asterisks below which equipment you require)</b>												
OHP / Screen	TV / Video Playback	Slide Projector	Data Projector	Laptop	Power-point	Network Point - UCL	Network Point - MU	Document Reader	P.A. System			
For other Audio-visual requirements please contact either <a href="mailto:hclrav@mdx.ac.uk">hclrav@mdx.ac.uk</a> or <a href="mailto:christopher.knapp@ucl.ac.uk">christopher.knapp@ucl.ac.uk</a>												
<b>Catering Requirements</b>												
Breakfast Selection		Morning Beverages		Buffet Selection		Lunch Selection		Afternoon Beverages				
Please indicate what type of catering you require for your function – menu's will be forwarded direct to you to confirm your order												
<b>SIGNED</b>						<b>DATE</b>						
<p><b>1. Security Cover - Should the type/size/venue/time of booking require security cover this will be charged at a rate of Monday to Sunday £10.04 per hour plus VAT. Subject to a minimum charge of £144.60 plus VAT per booking.</b></p> <p><b>2. Room Hire charges – may be applicable depending on nature of booking – contact <a href="mailto:coral.brown@ucl.ac.uk">coral.brown@ucl.ac.uk</a> for details</b></p>												

Please e-mail this form once completed as an attachment to [archwayroombookings@ucl.ac.uk](mailto:archwayroombookings@ucl.ac.uk) – thank you

FOR OFFICE USE:	BOOKING ID				IDT/SINV	
Security Notified	Yes		No	Cost?	£	
Porter Notified	Yes		No	Cost?	£	Site Manager Notified Yes No
Catering Arranged	Yes		No	Cost?	£	Date Processed
Room Hire Cost	Yes		No	Cost?	£	Completed By
VAT exempt	Yes		No	VAT	£	Total Cost £