Linden House

Conference & Function Suites

Customer Booking Form

| Client Name | | |
|---|---|--|
| Home / Business Address | | |
| | Post Code | |
| Tel No: home | business | |
| Mobile | e-mail | |
| Date of function | | |
| From (times) am | pm | |
| Type of event : | | |
| Approximate numbers atte | nding | |
| Tettenhall Suite* (up to 250) * We reserve the right to alte | Lindens Suite* Windsor Room (up to 100) (up to 30) The choice of room where necessary, however notice will be given. | |
| Special Requests | | |
| | | |
| and agree to abide by the | f £ | |
| The hiring of the of the fac | ilities is on behalf of | |
| (whose authority I | nave to bind them by signing this application on their behalf) | |
| I accept that the booking is deposit / order received | s provisional until confirmation is received in writing and | |
| Date | Signature of Client | |
| Date | Signature of Linden House | |
| To assist with our advertis heard about Linden House | ing and marketing could you please indicate below where you | |
| Yellow Pages / Tele | ohone Directory / Word-of-Mouth / Repeat function / Internet / Other | |

In compliance with new legislation NO person is permitted to smoke within any part of the building