

Event Booking Form

Please complete & return to the Conference Office by email: conference@chi.ac.uk or at the address below:

Event Details

Event Title	
Date of Event	
Number of Day Delegates	
Number of Residential Delegates	
Start Time	
End Time	
Event Duration	
Type of Event (delete as appropriate)	Meeting / Workshop / Presentation / Social / B&B / Other
<p>Event description: Please write a brief description of the proposed event, including any health and safety issues that need to be considered.</p> 	

Lecture/Meeting Room Requirements

Main Room Requirements	
Layout / Notes	
Equipment Required	
Additional Rooms Required	
Layout / Notes	
<p>Other information / additional requirements:</p> 	

Catering Requirements

Catering Required	Time Required	Quantity Required

Additional catering information / requirements:

Bedroom Requirements (Only available between June and September)

Single Bedrooms required	Ensuite	Standard
Arrival Date		
Departure Date		
Additional Requirements:		

Client Contact Details

Surname	Title
Forename	
Job Title	
Company	
Address	
Town	
County	Postcode
Enquiry Source	
Landline Number	
Mobile Number	
Email Address	

Invoicing Contact Details (if different from above)

Conference Office, University of Chichester.
Bishop Otter Campus, College Lane, Chichester, West Sussex, PO19 6PE.
Tel: +44 (0) 1243 812120 Email: Conference@chi.ac.uk

Web: <https://www.chi.ac.uk/business-services/conference-services/conferences-and-events>

Registered Office: Bishop Otter Campus, College Lane, Chichester, West Sussex, PO19 6PE
Chichester Enterprises Ltd: Company Reg: 5162778 University of Chichester: Company Reg: 4740553

Surname	Title
Forename	
Job Title	
Company	
Address	
Town	
County	Postcode
Telephone Number	
Email Address	

Marketing:

I may be contacted by the following methods (Please tick):

Email:	<input type="checkbox"/>	Phone:	<input type="checkbox"/>	Mail:	<input type="checkbox"/>
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Terms and conditions:

I agree (and sign on behalf of all attendees associated with this booking) to abide by the Conference [Terms and Conditions](#). I have received, understood and will comply with the University of Chichester Freedom of Speech [Code of Conduct](#) and that any specific/unusual activities not covered in the generic [Risk Assessment](#) have been highlighted to the Conference Department before signing a written quote.

Authorised to signed on behalf of:

Company:

Date:

Signature:

Print:

Position:

For Office Use Only:		Signed:
Date Form Received:		
CEL or UOC Event		
Client Account Number:		
KX Enquiry Reference:		
KX Booking Reference:		
Date Quote Sent:		
Local Assessment Complete		
FoS Code Sent		