Provisional Booking Form for Conferences 2017

Title of the Conference: ..........................................................
Nature of Conference: ..........................................................
(i.e. subject matter, academic, commercial, religious, social)
Date & Start Time of Conference: ...........................................
Date & Time of Organisers Arrival: ...........................................
Date & Time of Delegates Arrival: ...........................................
Date & Time of Delegates Departure: .......................................
Non Resident no:s: .............................................................

<table>
<thead>
<tr>
<th>Meeting Rooms</th>
<th>Maximum numbers:</th>
<th>Date &amp; Time, From – To (Including any set-up requirements)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cripps Auditorium (with Gallery)</td>
<td>- 142</td>
<td></td>
</tr>
<tr>
<td>Cripps Meeting Room 1</td>
<td>18 16</td>
<td></td>
</tr>
<tr>
<td>Cripps Meeting Room 2</td>
<td>20 20</td>
<td></td>
</tr>
<tr>
<td>Cripps Meeting Room 3</td>
<td>16 40</td>
<td></td>
</tr>
<tr>
<td>Cripps Meeting Room 4</td>
<td>24 40</td>
<td></td>
</tr>
<tr>
<td>Cripps Meeting Room 5</td>
<td>34 50</td>
<td></td>
</tr>
<tr>
<td>Foyer, Cripps Court</td>
<td>- -</td>
<td></td>
</tr>
<tr>
<td>Cripps East Room</td>
<td>- -</td>
<td></td>
</tr>
<tr>
<td>Hall (Dining)</td>
<td>110 -</td>
<td></td>
</tr>
<tr>
<td>The Parlour (Dining)</td>
<td>24 -</td>
<td></td>
</tr>
<tr>
<td>Benson Hall</td>
<td>20 70</td>
<td></td>
</tr>
</tbody>
</table>

DINING:
First Meal Date & Type: ..........................................................
Last Meal Date & Type: ..........................................................
Date of Gala Dinner: ..........................................................

Accommodation
Number of Single Rooms, En-Suite.................................
Number of Single Rooms, Shared Bathroom...........................

Formal Speakers at the Event (Internal & External)
Full Name/s: ...........................................................................

Contact Details: ......................................................................

Affiliations or Organisation of Speakers (if applicable):
............................................................................................

Proposed Publicity & Marketing of Event: ..............................
............................................................................................

~ Tel: 01223 332138 ~ E-mail: conferences@magd.cam.ac.uk ~ www.magd.cam.ac.uk/conferences
Please answer the following questions by circling Yes or No.

1. Will the event include any activities that may represent a risk to the health or safety of any individual? **Yes/No**

2. In your view, will the subject matter of the event include views which people (whether they attend the event or not) may find controversial, offensive or distasteful? **Yes/No**

3. In your view, have any of the speakers at the event previously expressed views which may be interpreted as causing controversy, or promoting extreme intolerance of the views of others? **Yes/No**

Name (please print): .................................................................

Position/Job Title: ..............................................................

Organisation: ...........................................................................

Registered Address: ................................................................

..............................................................................................

Postcode....................................................................................

Tel Number:..............................................................................

E-Mail:.....................................................................................

Please confirm that you are an authorised signatory for your Company: **Yes/No**

I am aware that the prices quoted are valid until 31st December 2017.

Signature: ................................................................................

Date: ....................................................................................... 

I shall/shall not be resident in College for the whole/part of the conference.

My resident representative will be:

..............................................................................................

Is your conference VAT exempt? **Yes/No**

(If yes, written proof of exemption is required, otherwise VAT will automatically be charged)

This form should be completed and returned to:

The Conference & Events Office
Magdalene College
Magdalene Street
Cambridge
CB3 0AG
Telephone: (01223) 332138/764522
E-mail: conferences@magd.cam.ac.uk

**PLEASE NOTE:**

- The event organiser (i.e. the named person making this booking) agrees as a condition of submitting this form to notify the College if any of the details above change.
- The College reserves the right to review its decision on allowing an event to proceed if any of the information provided on this form changes.
- The event organiser (or a named representative) will be present throughout the event.
- The College also reserves the right to cancel the event, without notice, if any of the information submitted on this form, is identified subsequently as being inaccurate or incomplete.
- The final arrangements for the conference must be discussed with the Conference Office no later than 6 weeks before it commences.