

BOARDROOM BOOKINGS - 2009

Prices will change 1 January of each year

FULL DAY (08h00 - 16h00)

| | |
|---------------------|--------------|
| SMALL BOARDROOM (2) | R900.00 EACH |
| BIG BOARDROOM (1) | R1250.00 |

HALF DAY (08h00 - 12h00) (13h00 - 16h00)

| | |
|---------------------|--------------|
| SMALL BOARDROOM (2) | R500.00 EACH |
| BIG BOARDROOM (1) | R750.00 |

DRINKS

| | |
|--------------|----------------------------|
| COFFEE / TEA | R4.40 PER PERSON PER BREAK |
| COLD DRINK | R6.60 PER CAN |
| BEER | R7.50 PER CAN |
| WINE | PRICE ON REQUEST |

ADDITIONAL EQUIPMENT

| | |
|--------------------------------------|---|
| DATA PROJECTOR | R650.00 PER DAY or PART THEREOF R400.00 PER DAY FOR ADDITIONAL CONSECUTIVE DAYS |
| LAPTOP | R500.00 PER DAY or PART THEREOF |
| OVERHEAD PROJECTOR AND FLIPCHARTS | INCLUDED IN VENUE HIRE |
| PHOTO COPIES / PRINTING | 80c PER A4 SHEET (Black & White) R 2.00 PER A4 SHEET (Colour) |

******* ALL PRICES ARE INCLUSIVE OF VAT *******

TAX INVOICES WILL BE ISSUED 24 HOURS AFTER THE EVENT

CATERING (snacks or meals) CAN BE ARRANGED ON REQUEST

Numbers need to be confirmed at least 48 hours prior to the event.

Should you cancel the booking after catering arrangement had been made, you will be liable for those costs.

Please note: All bookings must be referred to Memory

**FOR TRUSTED CUSTOMERS, NO DEPOSIT WILL BE
REQUIRED!**

SAICE House meeting venues: Booking Form

Contact Person:

Memory Scheepers
 Phone: 011 805 5947/8
 Fax: 0 11 805 5971
 Cell: 083 650 1320
 Email: mscheepers@saice.org.za

Please do not use email as a last resort!
 PLEASE USE THE CELL PHONE NUMBER for arrangements within TWO DAYS prior to the event date.

Please fill in the form and fax and email it to us. Only when we confirm your booking it will be deemed that we have received your request.

Parking is limited but we have an arrangement with other Office Park residents to use their parking. Please do not park in spaces designated by company or name.

| | | |
|--------------------------------|--|--|
| COMPANY / ORGANIZATION | | |
| CONTACT PERSON | | |
| CONTACT NUMBER | | |
| DATE(S) REQUIRED | | |
| TIMES REQUIRED | | |
| NUMBER OF PEOPLE | | |
| SEATING LAYOUT REQUIRED | Schoolroom (tables and chairs) 60 people | |
| | Theatre (chairs only) 120 people | |
| | Meeting: Round/square | |
| CATERING | Yes / No | |
| | Finger snacks | |
| | Light lunch | |
| | Sit down lunch | |
| | Light dinner | |
| | Sit down dinner | |
| | Tea time muffins | |
| EQUIPMENT REQUIRED | Data projector | |
| | Laptop | |
| | Sound | |
| | Flipchart(s) | |