



## Room Hire Booking Form

Lower Level 20 Catterthun Street, Winnellie NT 0820

**Phone: (08) 8923 6100 - Free call 1800 229 500**

**ABN 80 890 433 778**

### Facilities Available:

- Training Room - capacity - 20 classroom & U shape

The standard equipment includes desks, seating, whiteboard, projector, Internet access. All other training equipment is to be provided by the hirer or the requesting organisation.

Hirer's name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Number of participants: \_\_\_\_\_

Start date: \_\_\_\_\_ Start Time: \_\_\_\_\_

Finish date: \_\_\_\_\_ Finish Time: \_\_\_\_\_

*\*NB: Start time must include set up time for user – BEC hours are Monday – Friday 8.00am to 5.00pm. Prior arrangements for access outside these times are essential.*

### Hire Room Required (prices exclude GST):

Room Required	Half Day	Full Day
Training Room	\$250	\$400

**Conditions:**

Complimentary Tea, Coffee, Sugar, Milk, Biscuits and utensils are provided free of charge.

Please provide organisation to be invoiced and postal address:

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Purchase Order Number: \_\_\_\_\_

Preferred method of payment is by Direct Credit, see bank details below:

**Bank: Westpac Banking Corporation**

**BSB: 035:311 – Account Number: 131622**

**Account Name: Business Enterprise Centre Darwin Region Inc.**

- The room is to be left in good order and condition.
- Relocate all furniture and equipment to its original location.
- Do not leave any personal items in the room.
- Report any faults or damage to the Management or Staff. Any damage not attributed to fair wear and tear or caused through misuse, abuse or negligence will be charged to the client.
- One working days notice of cancellation is required. A cancellation fee may apply under certain circumstances to recover lost revenue.

I understand as the hiring officer (named below) that I am responsible in ensuring that the hirer understands the above conditions.

Hiring Officer's name: \_\_\_\_\_ Contact number: \_\_\_\_\_

Organisation: \_\_\_\_\_ Date Booked: \_\_\_\_\_

Is out of hour's access required? (Please circle)                      Yes / No

Any other special requirements please state: \_\_\_\_\_

*Office use only*

Room Required: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_

Total Cost: \_\_\_\_\_ Invoice details: \_\_\_\_\_

Cancellation details: \_\_\_\_\_ Cancellation Date: \_\_\_\_\_

Account / Purchase Order No: \_\_\_\_\_

Notes: \_\_\_\_\_