

Patron H.R.H The Prince of Wales

Meeting Room Request Form

Royal Australasian College of Surgeons Queensland Regional Office Leckhampton House Level 2, 59 Shafston Avenue KANGAROO POINT QLD 4169

Meeting Name: e.g. Old State Committee		Specialty: (if applicabl	je)
Number of Attendees:	Date of Meeting:	Time of meeting:	to
Contact Name/s:		Contact Number: _	
Email/s:			
Room Type: (Please 'x' your choice Conference Room 1 (20+ people)	c of room) Conference Room 2 (10+ people)	Connect Conference Room 1 + 2 (30+ people)	Old State Committee Boardroom (20+ people)
Room Setup: (Please 'x' your choice U Shape	e of room setup) Boardroom	Classroom Rows of tables for pax	Theatre Rows of chairs for pax
All Bookings will have Tea, Coffee, N.B. Catering will come at an extra co Royal Australasian College of Surgeo Catering (optional)	st. An administration fee of 20% wi	II apply. If catering is required by you	to be coordinated by the
Equipment Required: (Please 'x' yo Laptop Projector/Screen Other	Teleconference Phone Video Conference	Lectern Flipchart / Whiteboard	Audio Microphone
More Details:			
Signature: Thank you and we look forward to hos If any further information is required p		Date:	

Website: www.surgeons.org