

**FUNCTION ROOM BOOKING FORM**  
**COLLEGE OF SURGEONS BUILDING**  
**SOUTH AUSTRALIA REGIONAL OFFICE**  
51 – 54 PALMER PLACE, NORTH ADELAIDE, SA 5006

Company Name	
Contact Name	
Street Address	
Mailing Address	
Telephone	
Fax	
Mobile	
E-Mail	
Preferred Method of Contact	
Contact details for Invoice purposes	

**Function Room Required**

Boardroom		Foyer 1 <sup>st</sup> Floor		Conference Room	
McRae Room		Foyer Ground Floor			

**Function Details**

Function			Function Date	
			No of Attendees	
Arrival Time (1/2 hour prior for set up)			Departure Time (Allow for clear away)	
Number of Breakout rooms required			Preferred Door Signage	
Name				
I agree to the terms and conditions of hire.	Date		Signature	

**Function Room Configuration**

Boardroom		Theatre	
U-Shape		Classroom	
Banquet Style		Other	

**Equipment Required**

Electronic Whiteboard		Power board/Extension cords	
Whiteboard		Wireless Broadband Connection (Require within)	
Projection Screen		Speakers for Laptop connection	
Polycom system for teleconferencing		Laptop	
Data Projector		Other	

**Catering Requirements**

TYPE OF CATERING	YES/NO	SERVICE TIMES	NUMBER OF PEOPLE
Morning Tea (TCWB )			
Lunch			
Afternoon Tea			
Dinner			
All day continuous Tea and Coffee			
Other (Please Specify)			

Once completed, please forward to the Royal Australasian College of Surgeons via email to either [Gayle.Bradbrook@surgeons.org](mailto:Gayle.Bradbrook@surgeons.org) or [college.sa@surgeons.org](mailto:college.sa@surgeons.org)

Contact details:

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