

Provisional Booking Form for Conferences 2025

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:.....	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:.....
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Meeting Rooms	Maximum numbers:		Date & Time, From – To (Including any set-up requirements)
	Boardroom	Theatre	
Cripps Auditorium (with Gallery)	-	142	_____
Cripps Meeting Room 1	18	16	_____
Cripps Meeting Room 2	20	20	_____
Cripps Meeting Room 3	16	40	_____
Cripps Meeting Room 4	24	40	_____
Cripps Meeting Room 5	34	50	_____
Foyer, Cripps Court	-	-	_____
Cripps East Room	-	-	_____
Hall (Dining)	110	-	_____
The Parlour (Dining)	24	-	_____
Benson Hall	20	70	_____

DINING:

First Meal Date & Type: _____

Last Meal Date & Type: _____

Date of Gala Dinner: _____

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 2025.

Signature:.....

Date:.....

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

My resident representative will be:

.....

Does Your Function Have VAT Exemption? Yes/No

If yes, you must complete a VAT exemption form.

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.

Registered Charity Number 1137542