

**Provisional Booking Form for Conferences 2020**

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:.....	<b>Accommodation</b> Number of Single Rooms, En-Suite.....  Number of Single Rooms, Shared Bathroom.....  <b>Formal Speakers at the Event (Internal &amp; External)</b> Full Name/s:.....  .....  Contact Details:..... .....  Affiliations or Organisation of Speakers (if applicable): .....  Proposed Publicity & Marketing of Event:..... .....  .....
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<b>Meeting Rooms</b>	<b>Maximum numbers:</b>		<b>Date &amp; Time, From – To (Including any set-up requirements)</b>
	<b>Boardroom</b>	<b>Theatre</b>	
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:.....

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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 31<sup>st</sup> December 2020.

Signature:.....

Date:.....

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

My resident representative will be:

.....

Is your conference VAT exempt? Yes/No  
(If yes, written proof of exemption is required, otherwise VAT will automatically be charged)

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*