

LOSEHILL HALL BOOKING FORM - SECTION B

(To be returned to Losehill Hall no later than three weeks before arrival date)

Name of Group/Course Title

(used for our Welcome Board and other Notices)

Dates of Visit:

Name of Main Training Room (if known)

How would you like the Training Room to be set out? (please tick)

- | | |
|------------------------------|--------------------------|
| Tables & chairs in a u-shape | <input type="checkbox"/> |
| Tables & chairs in a square | <input type="checkbox"/> |
| Horseshoe of chairs | <input type="checkbox"/> |
| Circle of chairs | <input type="checkbox"/> |
| Theatre style | <input type="checkbox"/> |
| Cabaret style | <input type="checkbox"/> |
| Classroom style | <input type="checkbox"/> |

Do you have any further instructions regarding the layout of the training room?

Seminar Rooms (if booked)

Please give additional instructions regarding the layout and equipment requirements for your Seminar Rooms.

Equipment

If you would like the use of any equipment during your stay, please tick appropriate boxes.

- | | | | |
|---------------------|--------------------------|--------------------------------------|--------------------------|
| Flipchart and pens | <input type="checkbox"/> | Multimedia projector/computer/screen | <input type="checkbox"/> |
| Whiteboard and pens | <input type="checkbox"/> | Video recorder | <input type="checkbox"/> |

Do you have any further requirements?

LIST OF RESIDENT DELEGATES

NAME OF GROUP _____

*PLEASE INDICATE WHETHER SINGLE "S" OR TWIN ROOMS "T" ARE REQUIRED
AND BRACKET TOGETHER THOSE PEOPLE WHO ARE TO SHARE*

No.	Male/ Female (M or F)	FULL NAME (please print clearly)	CATEGORY OF ROOM REQUIRED	SPECIAL DIETS/ (vegetarian, vegan, etc.) MEDICAL CONDITIONS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

Please return the completed form, together with a copy of your Course Programme to:-

Pat Smith, Bookings Manager, Peak District National Park Centre, Losehill Hall, Castleton, Hope Valley,
S33 8WB.

Telephone: Hope Valley (01433) 620373, Fax: Hope Valley (01433) 620346.
email: pat.smith@peakdistrict.gov.uk

CONTINUATION SHEET and NON-RESIDENT DELEGATE SHEETS ARE ATTACHED IF REQUIRED

CONTINUATION SHEET

PLEASE INDICATE WHETHER SINGLE "S" OR TWIN ROOMS "T" ARE REQUIRED
AND BRACKET TOGETHER THOSE PEOPLE WHO ARE TO SHARE

No.	Male/ Female (M or F)	FULL NAME (please print clearly)	CATEGORY OF ROOM REQUIRED	SPECIAL DIETS/ (vegetarian, vegan, etc.) MEDICAL CONDITIONS
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				

