ATRIUM BOOKING FORM					
Brand Name					
Registered Company No	ame				
Address					
				Postcode	
Contact Name				Position	
Tel				Mobile	
Signature				Date	
DATE/S REQUIRED:					
			HIRE RATES (pr	rices includng VAT)	
		Mem	nbers		Non-Members
Full Day: 9am - 5pm		£350 + V	/AT (£420)		£600 + VAT (£720)
Half Day: 9am - 1pm		£195 + V	/AT (£234)		£325 + VAT (£390)
Half Day: 1pm - 5pm		£195 + V	/AT (£234)		£325 + VAT (£390)
Please let us know what	t you wil	l be using the sp	ace for:		
Payment Option full payment must be made in advance					
1. Full payment by BACS or Debit card ( Sort Code: 09-02-22 Account Number: 10587126)					
2.Full payment by Credit Card					
Credit card details					
Visa Mastercard Switch/Maestro					
Debit amount £					
Cardholder's name					
Company					
Cardholder's address (if different from above)					
				Postcode	
Card number				,	
Expiry date	Issue nu	umber	Start Date		CSV
or who have other UKF	total co total co ccept bo	ost 3 week's notions to 1 week or less pokings from mees outstanding	ce: 50% of total s: 100% of total mbers who have	cost not pai	d their current subscription
Office use Booking confirmed				Payment received	