

ICDE Booking Form



VENUE CONFERENCE & EVENT BOOKING FORM

Name of Organiser: _____ Company Name: _____

Address _____

Postcode _____

Telephone Number _____ email _____ @ _____

Conference/Event Information:

Conference/Event Title: _____

Date(s) of Booking: _____ Event Start Time: _____ Event Finish Time: _____

Participants with Disabilities? Yes No

Special Requirements or Access issues: _____

Required Rooms:

Clinical Skills Technical Skills

Dental Surgery Lecture Theatre

Catering Requirements:

Tea and Coffee can be provided on arrival and during the event, unless specified otherwise.

Lunch required? Yes No

Time: _____ Numbers (if known at time of booking) _____

Special/Dietary Requirements: _____

Terms & Conditions:

Ivoclar Vivadent UK, ICDE Conference/Event Terms and Conditions of Hire, available at www.ivoclarvivadent.co.uk/en-uk/icde_leicester, will apply to this booking.

Ivoclar Vivadent UK, ICDE Conference/Event published rates will apply to all bookings unless agreed to the contrary. As part of our booking terms and conditions you are agreeing to abide by the Health and Safety regulations within our premises.

Signed: _____ Date: _____

Please print name: _____

For office use

Deposit Paid: _____

Rooms Allocated: _____

Date Received: _____

Hire Charges: _____

H&S/Risk Assessments: _____

International Centre for Dental Education

www.dental-education.co.uk

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