

PROPOSED DATE OF MEETING

FORCE OR ORGANISATION.....

CENTRE: ST ANDREWS

CASTLEBRAE

Name of Person booking the meeting		Name of lead person attending meeting	
ADDRESS			Post Code
Contact Tel No		e-mail address	
Name of meeting			
Start time of meeting		End time of meeting	
No of Delegates		Names of Delegates if required	
Refreshments/ Lunch	Tea & Coffee on arrival	Lunch	Afternoon Tea & Coffee
			Extras
LAYOUT OF ROOM	Board Room		Theatre
STATIONERY	Pads/Pens	Flip Chart	Smart Board
COST	£15 PER HALF DAY INCLUDING LUNCH	£20 PER FULL DAY INCLUDING LUNCH	Cost of any Extras
			Deposit requested/paid

FULL DAY RATE WILL BE CHARGED FOR MEETINGS ENDING AFTER 2.00 p.m.

For Office Use:	Name of person taking booking	Date of taking booking	Date Catering/Dining Room/Security informed	Date information entered in shared calendar	
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The Police Treatment Centres