

CONFERENCE CENTRE BOOKING REQUEST FORM TRUE NORTH SQUARE

BOOKING REQUEST FORM

Email: TNSConferenceBooking@bentallgreenoak.com

Company Name: _____ **Today's Date:** _____
Contact Name: _____
Phone #: _____
Email: _____

Room Requirements:

Date Required: **From:** _____ **To:** _____
Time Required: **Start:** _____ **End:** _____

of People: _____

Set up: **Boardroom** **U-Shape** **Classroom** **Theater**

Other (specify): _____

Details: _____

Audio Visual Requirements:

Please check the equipment you require:

ClickShare

Projector Screen

Teleconferencing