



BOOKING FORM (save to your computer after completion and then return via email)

Important Note: All requests for services and accommodation shall be deemed to be ‘provisional’ until a fully completed and signed copy of this agreement is received by *PRISM* Brain Mapping UK. This agreement when signed shall form a binding contract between *PRISM* Brain Mapping UK and the Client.

Full name of the client company:

Department:

Address:

.....

Name of individual responsible for the booking:

Telephone number: E-mail address:

Event commencement date

Event termination date

Name (s) of participants

HOTEL REQUIREMENT DETAILS

Date		No of rooms		Date		No of rooms	
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Hotel accommodation cannot be guaranteed unless this form is complete and returned with a signature

INVOICING DETAILS

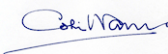
Purchase Order Number:	
Address to which invoice should be sent:	

On behalf of the above-named company and in accordance with the Booking Terms and Conditions I confirm the booking detailed above.

Signature:.....
or and on behalf of the Client company

.....
Name in block letters

Date:

Signed: 
for and on behalf of *PRISM* Brain Mapping UK

COLIN WALLACE

Date:

Please return the form via email to support@prismbrainmapping.com or fax to +44 (0) 1892 535477. Telephone +44 (0)1892 535432 if you have any questions.