



TRAINING ROOM BOOKING FORM

Name of Applicant	
NID or Company registration no.	
Contact Person	
Contact Number	
Email	

Booking Information

Booking Duration	
Requested Time	
No. of Seats	

Theater (Chairs) Classroom seating

Conference Style U-shaped

Full Day (8 hrs)	
Half Day (6 hrs)	
Hourly	

All classroom will be equipped with:

- LCD Projector
- Screen
- Computer System with internet connection
- White Board
- Flipboard
- Water Dispenser

Tea/Coffee are provided at a self-service station at an additional charge.



Refund and Cancellation Policy

1. Confirmed bookings must be cancelled 1 day prior to the booking date in order to receive a full refund of payment.
2. If cancelling a confirmed booking on the day of event – only 50% of the payment will be refunded.
3. Refund of fees will be processed up to 10 working days from the approval date and will be credited back to the relevant account accordingly.

Authorized Person:

I have read and understood the refund and cancellation policies stated for the above-mentioned classroom booking.

Authorized Signature:

Name: _____

Date: _____

Signature: _____

For Office use only:

Booking form received by: _____

Booking Confirmed: Training Room

YES	NO
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A	B
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Payment Amount: _____

Payment received by: _____