

ROOFTOP CONFERENCE CENTRE

Booking Request Form



745 THURLOW

Company Name: _____

Contact Name: _____ Today's Date: _____

Phone : _____

Email: _____

ROOM REQUIREMENTS

Room: _____ Date Required: _____

Time Required: _____ # of People: _____

Set-up: (check one) U-shape Classroom Boardroom

Other (specify) _____

Details: _____

AUDIO VISUAL REQUIREMENTS (check one)

Please note that the below equipment must be picked up from the security front desk

Teleconferencing phone

Wireless microphone

AV connection kit

Submit your completed form to: service@quadrealconnect.com