

**Karratha & Districts
Chamber of Commerce & Industry**

Organisation Name: _____

Reference title for Events: _____

Contact Name: _____ **Telephone:** _____

Address: _____

Mailing Address: _____

Fax: _____ **Email:** _____

Date _____ **Business Day; 8.30am – 4.30pm** **\$25 per hour OR full day \$150**

Do you need to access the building prior or after the above times _____ **Yes/ No**

****an overtime hourly fee will apply outside these times -\$50 p/h**

Time start: _____ **Time finish:** _____

Extra days Required: _____

Room Type: Please Circle **Office** **Board Room (6)** **Both** _____

Are you a KDCCI member – 10% discount applied _____ **Y / N**

Continuous Tea & Coffee @ \$4 per head per day **Y / N** **Number of People** _____

FACILITY HIRE CONDITIONS:

The room(s) is hired with the understanding that the following conditions apply: The hire charge does not include a cleaning component therefore we request that all room(s) used be left clean and tidy. If extra cleaning is required, a cleaning charge will be incurred. Please note that whilst kitchen facilities are available upon request, consumables are not. Catering to be organised by the hirer. Any damage/loss of equipment of the rooms during hire is to be repaired or replaced at cost to the hirer. Please ensure that the light switches and appliances switches are turned off at the end of session.

CANCELLATION and MINIMUM BOOKING FEE:

If less than 10 days notice of cancellation in writing, a fee of 25% of the hire charge will apply. If 24 hours or less notice is given of cancellation, full hire fee will be charged. A minimum of 3 hours hire will be charged for each booking.

Indemnification The hirer undertakes to hold KDCCI inc. indemnified against all claims which may be made against it for damages or otherwise, in respect of any loss, damage, death or injury caused by or in the course or arising from the hiring of the facility, the property of KDCCI inc during all periods when such facility is on hire.

BOOKINGS CAN ONLY BE CONFIRMED WHEN THIS FORM IS SUBMITTED

Signed: _____ **Date:** _____

PAYMENT METHOD:

Cash/Credit Card: _____ **Purchase Order No** _____
\$ _____ **(please attach)**

Cheque Enclosed*: _____ **Cheque No** _____
\$ _____

Credit Card Type: _____ **Bankcard/MasterCard/Visa (Please circle)**

Card Number: _____

Signature: _____

Name on Card: _____ **Expiry Date:** / / _____