

To:	Company:
Fax:	Date:



## FUNCTION CENTRE BOOKING CANCELLATION FORM

This form is to be completed for cancellation of a booking. Confirmation of the cancellation will be sent to you on receipt of this form.

Company:
Date(s) booked:
Room(s) booked:

Seminar room 1	Seminar room 4/5/6	Dining room / terrace
Seminar room 2	Theatre	Foyer
Seminar room 3	Boardroom	Bar

This is to acknowledge that we would wish to cancel the above booking. We acknowledge that cancellations made within 14 days of the event incur a cancellation penalty of 50% of the total room hire and that cancellations made within 48 hours of the event will incur a full room hire rate charge.

Company name:	
Address:	
Contact name:	
Email address:	
Telephone (business):	Mobile:
Facsimile:	

**Email to: [admin@techparkwa.org.au](mailto:admin@techparkwa.org.au) or fax to: (08) 9361 4077**

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OFFICE USE ONLY

Cancellation form received	Date:	Signed:
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