



VENUE HIRE APPLICATION FORM

1. Submit this form to administration@sitcm.edu.au to receive a payment invoice.
2. Pay a non-refundable deposit (25% of the room hire fee) to secure your booking.
3. The remainder of the hire fee is due 14 days before the event date.
4. No refunds can be provided for cancellations within 14 days of the event date.

Room	Location	Capacity (persons)	Equipment Provided	Hire Fees (\$/per hour)
Classroom 1	Level 5	50	Chairs, tables, whiteboard, markers, PC and projector	\$66 (GST included)
Classroom 2	Level 6	50	Chairs, tables, whiteboard, markers, PC and projector	\$66 (GST included)
Classroom 3	Level 7	40	Chairs, tables, whiteboard, markers, PC and projector	\$55 (GST included)
Conference Room	Level 5	10	Board table, chairs and projector	\$33 (GST included)

Applicant Details

Organisation		Contact Person	
Org. name:		First Name:	
ABN:		Surname:	
Billing Address:		Position:	
Email Address:		Email Address:	
Phone Number:		Mobile Phone:	

Event Details

Event name:		Number of attendees:	_____ people
Room:	<input type="checkbox"/> Classroom 1 <input type="checkbox"/> Classroom 2 <input type="checkbox"/> Classroom 3 <input type="checkbox"/> Conference room		
Special equipment needs (if any):	<input type="checkbox"/> ___ massage beds (\$2 each) <input type="checkbox"/> ___ bed sheets (\$10 per pack of 10) <input type="checkbox"/> ___ towels (\$2.50 each) <input type="checkbox"/> ___ needles (\$6 per pack of 100)		
Other requirements:			

Event Date(s) and Time(s)

	Date of use	Access from	Access until	Office use Invoice Number
1				
2				
3				
4				
5				

I am the authorised signatory of the above organisation. I have read, understood the [Terms and Conditions of Hire](#), and agree for my organisation to be bound by them.

Name:		Position:	
Signature:		Date:	