



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	Equipment Provided	Hire Fee (per hr)
Classroom 1	Level 5	50 people	Chairs, tables, whiteboard, markers, PC, projector, 5 treatment beds with sheets	\$100 (GST incl.)
Classroom 2	Level 6	50 people	Chairs, tables, whiteboard, markers, PC, projector	\$70 (GST incl.)
Classroom 3	Level 7	40 people	Chairs, tables, whiteboard, markers, PC, projector, 6 treatment beds with sheets	\$100 (GST incl.)
Conference Room	Level 5	10 people	Chairs, tables, whiteboard, markers, PC, projector	\$50 (GST incl.)

Applicant Details

Organisation		Contact Person	
Org. name:		Full Name:	
ABN:		Position:	
Billing Address:		Email Address:	
Email Address:		Mobile Phone:	

Event Details

Event name:		Number of attendees:	_____ people
Room:	<input type="checkbox"/> Classroom 2		
Special equipment needs (if any):	<input type="checkbox"/> ___ extra massage beds (\$2 each)	<input type="checkbox"/> ___ extra 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				
6				
7				
8				
9				
10				

I am the authorised signatory of the above organisation. I have read, understood, and agree to the [Terms and Conditions of Hire](#). I also agree to receive the room's keys and fob on two conditions: (1) that I ensure they are not used for any unauthorised access and (2) that I return them within one week of the final event date.

Name:		Position:	
Signature:		Date:	