

Please send booking form to [bookings@bunuronglc.org.au](mailto:bookings@bunuronglc.org.au) or contact the office on **(03) 9770 1273** for anything relating to alterations, postponements, cancellations, confirmations, or changes to invoicing details.

|   |   |  |         |          |
|---|---|--|---------|----------|
| <b>Company/Organisation Making Request</b>        | Organisation:                                 |  |         |          |
|   | Principal Contact:                            |  |         |          |
|   | Phone Number:                                 |  |         |          |
|   | Email:  |  |         |          |
| <b>ABN/ACN</b>                                    |   |  |         |          |
| <b>Meeting Contact</b>                            | Name:   |  | Mobile: |          |
| <b>Meeting Address</b>                            |   |  |         |          |
| <b>Group Type</b><br>(Please circle or highlight) | <b>Full Day per person</b>                    |  |         | \$500    |
|   | <b>Full Day - Groups of 20 people</b>         |  |         | \$8,000  |
|   | <b>Half Day per person</b>                    |  |         | \$300.00 |
|   | <b>Half Day - Groups of 20 people</b>         |  |         | \$6,000  |
|   | <b>Short 2 hour session minimum 10 people</b> |  |         | \$200pp  |
| <b>Specific Requirements</b><br>(if needed)       |   |  |         |          |
|   | Other:  |  |         |          |
|   |   |  |         |          |

Certification and agreement of Sponsor/Billing Recipient who warrant that the below details are true, correct, and accurate, and confirmation that the submission of this booking form is acceptance by them of all terms and conditions associated with the booking including terms of trade and any applicable cancellation fees.

**It is the responsibility of both the Heritage Advisor or person making the request and the Sponsor/Billing recipient to ensure that this information is true and correct.**

Note Invoices are due and payable with 14 days and referral to a collection agency may occur on default without further notice.

|   |                  |             |
|---|------------------|-------------|
| <b>Organisation</b>   |                  |             |
| <b>ABN &amp; ACN</b>  |                  |             |
| <b>Contact Person</b>   |                  |             |
| <b>Address</b>  |                  |             |
| <b>Email</b>  |                  |             |
| <b>Phone Number</b>   |                  |             |
| <b>Purchase Order No. (if applicable)</b>                     |                  |             |
| <b>Names/Title of signatory of Sponsor/Billing Recipient:</b> |                  |             |
| <b>Name</b>   | <b>Signature</b> | <b>Date</b> |
|   |                  |             |

Note: Supply of ACN/ABN and correct details are mandatory, and no booking will be accepted without them.

**Company making this booking request:**

|             |                  |             |
|-------------|------------------|-------------|
| <b>Name</b> | <b>Signature</b> | <b>Date</b> |
|             |                  |             |