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| **RASNZ Training Booking Form**  |

*Please assist us in providing the information requested in this electronic form.*

*e-mail to* *annette@rasnz.co.nz* *or* *sarah.m@rasnz.co.nz*

**Requester Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** |  | **Last Name**  |  |
| Position |  |
| Alternative Contact  |  |
| **First Name** |  | **Last Name**  |  |
| Agency |  |
| Physical Address |  |
| email |  | **Ph** |  | **Cell** |  |

**Training Request**

|  |
| --- |
| Type of training  |
| Date/s  |
| Time/s |
| Number of participants  |
| Type of participants  |

**Venue and access**

*Please give as much detail as possible. Provide details of the location of the venue including maps if the training location is in an institution*

|  |
| --- |
| Address |
| Room and location |
| Site access times |
| Site contact |
| Site contact email |
| Type of venue (eg tiered lecture theatre, room with tables, seating arrangements) |
| Parking |

**Equipment and Technical Support Provided**

*Please tick the box*

|  |  |
| --- | --- |
| Data Projector available in the training room |  |
| Laptop available in the training room |  |
| Internet access available |  |
| Does the room have WiFi access |  |
| Technical Support  |  |
| Name of technical support person Mobile phoneEmail |   |
| Is the equipment password protected ? |

**Catering**

Is morning/afternoon tea/ lunch provided?

*Please tick the box*

|  |  |
| --- | --- |
| Morning tea |  |
| Lunch |  |
| Afternoon tea  |  |

**Invoicing Details**

email invoice to:

|  |  |
| --- | --- |
| Name  | email address: |

**Other Relevant Information***(Please provide other relevant information)*

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