MEETING ROOM ORDER FORM

PLEASE RETURN THIS FORM COMPLETED & DULY SIGNED TO: e.mansutti@eanm.org

ITEM

Room Number	Date	Exact Timing	Cost
		Total amount:	

COMPANY DETAILS

Company Name: _____

Contact Name: _____

Phone: _____ E-mail: _____

INVOICING DETAILS

☐ I agree to and accept the below-stated Terms and Conditions *)

Company Name: _____

Contact Name: _____

Invoicing Address: _____

Phone: _____ E-mail: _____

VAT-ID No (EU): _____ Tax-ID No (Non-EU): _____

Purchase Order (PO) Number (if applicable): _____

Date: _____ Signature: _____ *)

*) I agree to and accept the following Terms and Conditions. The payment of the reserved meeting room has to be done as indicated on the invoice. In case a meeting room is cancelled, no refund will be granted. Access will be granted at the booked time and the meeting room must be clean and empty at the end of the booking duration. The initial setup of the room must not be changed. Catering can be ordered in addition at own costs. In case of late payment, a 15% administrative charge of the total rental sum will fall due for payment and the meeting room will be automatically released.