

MEETING ROOM ORDER FORM

PLEASE RETURN COMPLETED & DULY SIGNED FORM TO: o.joachimsthal@eanm.org

ITEM

Room Number	Setup	Date	Exact Timing (max. 4 hours)	Cost (150 € / h)
			Total amount	

COMPANY DETAILS

Company Name: _____

Contact Name: _____

Phone: _____ Email: _____

INVOICING DETAILS

I do require a paper invoice sent via postal mail (please check this box if applicable)!

Company Name: _____

Contact Name: _____

Invoicing Address: _____

Phone: _____ Email: _____

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: 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.**

