



# EVENT BOOKING FORM

## Guest(s) details (Please photocopy this form to add additional guests to your booking)

### Guest 1

Title (Ms, Mr, Mrs etc)                      First name    Surname

ILM membership No (if guest is a member of ILM)

Job title

Organisation

Email

Any special requirements (eg dietary, wheelchair access etc)

### Guest 2

Title (Ms, Mr, Mrs etc)                      First name    Surname

ILM membership No (if guest is a member of ILM)

Job title

Organisation

Email

Any special requirements (eg dietary, wheelchair access etc)

### Guest 3

Title (Ms, Mr, Mrs etc)                      First name    Surname

ILM membership No (if guest is a member of ILM)

Job title

Organisation

Email

Any special requirements (eg dietary, wheelchair access etc)

### Guest 4

Title (Ms, Mr, Mrs etc)                      First name    Surname

ILM membership No (if guest is a member of ILM)

Job title

Organisation

Email

Any special requirements (eg dietary, wheelchair access etc)

### Guest 5

Title (Ms, Mr, Mrs etc)                      First name    Surname

ILM membership No (if guest is a member of ILM)

Job title

Organisation

Email

Any special requirements (eg dietary, wheelchair access etc)