



THE WORD EVENTS CENTRE

CONFERENCE HALL BOOKING FORM

Mr. / Mrs. / Ms. / Dr. / Prof.

Surname: Other Names

Address: Sex: Male

Female

Company:

ARRIVAL DATE: DEPARTURE DATE:

Contact Number (s)		E-mail Address	
NATIONALITY	TYPE OF ID. CARD	ID. CARD NO.	ID. CARD EXPIRY DATE

BILLING INFORMATION

BILL TO:	MODE OF PAYMENT	CLIENT'S SGNATURE
Self <input type="checkbox"/>	Cash <input type="checkbox"/>	
Company <input type="checkbox"/>	Momo <input type="checkbox"/>	

FOR OFFICIAL USE ONLY

RATE/DAY	DEPOSIT	F/O CLERK	TIME	NUMBER OF PERSONS

1. DEPOSIT DATE TIME.....

2. DEPOSIT DATE TIME.....