



St. Kitts & Nevis
Chamber of Industry and Commerce

FOR OFFICIAL USE:

Booking # _____

Invoice # _____

CONFERENCE ROOM BOOKING

Name of Business: _____

Address of Business: _____

Contact Person: _____

Contact Numbers: _____ - _____

Email: _____

Booking Date(s) _____

Timing: Set Up: _____ Start: _____ End: _____

Purpose: Training Session ☐

Meeting ☐

No. of persons expected:

Maximum of 25 persons for classroom or conference setting. Maximum 45 plus head table for Theatre setting. Recommend Hybrid facilities for more than maximum

Males: _____ Females: _____

Room Setting: ☐ Classroom (desks with chairs) ☐ Theatre/Lecture (chairs only)

☐ Conference (U-shaped configuration with tables)

Other amenities: _____

Other Booking Details:

Conference Room Rates

Members

- ☐ Full day (8hrs) = EC\$450.00
- ☐ Half day (4hrs or less) = EC\$235.00
- ☐ Saturday/Sunday = EC\$500.00

Non-members:

- ☐ Full day (8hrs) = EC\$550.00
- ☐ Half day (4hrs or less) = EC\$335.00
- ☐ Saturday/Sunday = EC\$600.00

Audio Visual

- ☐ LCD Projector = EC\$100 per day
- ☐ Video Conferencing (Hybrid) = EC\$100
- ☐ Panaboard (Nevis) = EC\$75.00
- ☐ IT Support Services = EC\$50.00
- ☐ Internet Access for Session Use = Free

Ph

Photocopies

- 8.5" x 11" (letter) = EC\$0.50 per page
- 8.5"x 14" (legal) = EC\$0.75 per page

Payment Details

1. Full payment is required upon receipt of the invoice.
2. No refund for cancellations made less than 48 hours before meeting date.

Authorization

Name: _____

Title: _____

Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

Booking Confirmation #		Invoice #	
Invoice Amount		Invoice Dispatched	
Payment Date		Receipt #	
Payment Amount			