



Psychiatric Disability Services
of Victoria (VICSERV)

EVENT BOOKING FORM

Name of Function: _____

Date of Function: _____ Function Room: _____

Starting Time: _____ Finishing Time: _____

Number attending: _____

Set Up Required:

U-Shape Theatre Boardroom Classroom Cabaret

Other - Details: _____

AV Required: _____

GOVERNMENT / COMPANY: PRIVATE:

Please note: Except for Companies / GOVT departments, all private events require full pre-payment
no later than 24 hours prior to the date of the event.

CONTACT DETAILS

Company Name: _____ Contact Name: _____

Contact Email: _____ Contact Phone: _____

Postal Address: _____

PAYMENT DETAILS

Deposit Required: \$400.00 (non-refundable if your event is cancelled less than 5 days prior)

Payment Method: EFT Cheque / Cash Credit Card

Credit Card Number _____ Exp date

CCV _____

Name on Card _____

I authorise this credit card to be charged the \$400.00 deposit, and the final outstanding amount for
my event / conference:

(Signature) _____