EXAMPLE A COM



Hire Fees (Fees are for hire between 8.30am to 5.00pm, a \$60 (Plus GST) per hour surcharge applies for any after hours requirements)

Mem	bers
\$70 +GST	per hour
\$70 +GST \$100 +GST \$150 +GST	half day
\$150 +GST	full day

Non-Members

\$90 +GST	per hour
\$150 +GST	
\$200 +GST	full day

The meeting room accomodates up to 8 people. Your visiting guests will be greeted by KBCCI Reception and offered a beverage. Guests will be seated at reception before staff advising of their arrival. Telephone and WiFi facilities are available.

Please complete the following details and email this form to info@kbcci.com.au.

Organisation:	
Postal Address:	
Contact:	Phone:
Email:	Number of People:
Date of hire:	
Hire Time (Include setup) :	
We hereby accept the terms and conditions as listed a specified.	above and overleaf and will pay any costs incurred by us as
Signed:	Date:
-	per of Commerce & Industry Inc. Phone: (08) 9021 2466 • Email: info@kbcci.com.au

CONDITIONS OF HIRE

Hours of Use

The Meeting Room is available for hire between the hours of 8.30am and 5.00pm Monday to Friday. Prior arrangement for use outside these times may be possible, but an extra charge will be applied.

Cancellations

If the booking is cancelled less than 7 days prior to the date required, a cancellation fee of 50% will apply.

Services provided at no extra cost

- WiFi
- Tea and Coffee Facilities
- Electronic Whiteboard

Catering

The KBCCI can arrange catering. Prices available on enquiry.

Damage

The hirer will be responsible for payment to rectify any damage to the suites and furniture. Please note a cleaning charge may apply for some functions.

Surcharge

A \$60 (Plus GST) per hour surcharge will be added for venue hire before 8:30am and after 5.30pm week nights and any weekend hires.

Smoking

Please note that smoking is NOT permitted at any time within the suites O'Connor House building.

Facilities

No accessible toilets.

Authorisation

l, (print name)

Of, (company)

accept the above conditions.

Signed

Payment Details

Mastercard	Visa	Invoice	Cheque	
Card holders name				
Credit card number				
Expiry date	/	CVV numb	per	
Total Amount				
Signature				

Date