

B Event details *continue*

| | |
|-----------------------------------|--|
| Room preference (if known) | |
|-----------------------------------|--|

Do you plan to have any live entertainment at your event: (✓)

| | | | |
|----------------------------|-----------------------------|-----------------------------------|-----------------------------|
| <input type="radio"/> Band | <input type="radio"/> Disco | <input type="radio"/> Solo Artist | <input type="radio"/> Other |
|----------------------------|-----------------------------|-----------------------------------|-----------------------------|

If other, please specify:

Style (✓)

| | | | |
|-------------------------------|----------------------------------|-------------------------------|-----------------------------|
| <input type="radio"/> Theatre | <input type="radio"/> Roundtable | <input type="radio"/> Lecture | <input type="radio"/> Other |
|-------------------------------|----------------------------------|-------------------------------|-----------------------------|

If other, please specify:

Catering (✓)**Food**

| | | | |
|---------------------------------|----------------------------------|-----------------------------------|-----------------------------|
| <input type="radio"/> Breakfast | <input type="radio"/> Hot Buffet | <input type="radio"/> Cold Buffet | <input type="radio"/> Other |
|---------------------------------|----------------------------------|-----------------------------------|-----------------------------|

If other, please specify:

Beverages (✓)

| | | | |
|---------------------------------|-------------------------------------|--------------------------------------|-----------------------------|
| <input type="radio"/> Alcoholic | <input type="radio"/> Non-alcoholic | <input type="radio"/> Tea and Coffee | <input type="radio"/> Other |
|---------------------------------|-------------------------------------|--------------------------------------|-----------------------------|

If other, please specify:

Signed by applicant (signature) _____

Date / /

Return form to: Conference Services, The Labour Party, Eldon House, Regent Centre, Newcastle upon Tyne NE3 3PW

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