|  |  |
| --- | --- |
| Name(s): | Contact Number: |
| Address: |
| Email Address: |
| Date(s) of Event: December 2-6 | No. Attending: |
| Arrival Time: | Departure Time: |
| Meal Times:Breakfast 8.30amLunch 1.00pmSupper 6.00pm |  |
| Any Dietary Requirements: |
| Non-Refundable Deposit: (€100 per person)Deposit Paid: (Y/N)  |
| Any Other Information: |



**Mount St. Anne’s Retreat & Conference Centre**

**Retreat (insert name)**

**Booking Form**

*Kindly complete and return to: secretary@mountstannes.com or post to Mount St. Anne’s, Killenard, Portarlington, Co. Laois*

*Please retain a copy of the completed form for your own records*

*For office use only*

|  |  |  |  |
| --- | --- | --- | --- |
| *Invoice No.* | *DG* | *DS* | *DPR* |
|  |  | *Email/Post* |  |
|  |  |  |  |
| *Notes:* |  |  |  |

*Booking Completed*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_*

 *Secretary*

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*CEO*