EXPRESSION OF INTEREST

Please complete the information below and return it to the Centre. A staff member will contact you to discuss your options and to outline an appropriate process to follow up all details.

This form can be:

- **emailed to bmec@bathurst.nsw.gov.au**
- **faxed to 02 6333 6163**
- **posted to Private Mail Bag 17, Bathurst NSW 2795**

Company / Organisation	
Contact Name	
Position	
Tel:	
Fax:	
Email:	
Mob:	

Name of Event:	
Type of event:	
Desired Event Date	
Desired Event Time	
Access times:	**From:**
	To:

Required (Tick all applicable)

Theatre	
City Hall	
Single Conference Room	
Double Conference Room	
Upstairs Foyer	
Downstairs Foyer	
Kitchen (full use)	
Kitchen (limited use)	
Conference Catering	
Bar Facilities	