



ECHO INTERPRETING BOOKING FORM

By submitting this booking form you agree that you have read and accepted Echo Interpreting terms and conditions and agree to the fees that will be incurred

Appointment Day: M T W T F Sat Sun		Start Time :		am/pm
Appointment Date :		Finish Time :		am/pm
Name of Deaf Client(s) :		Number of interpreters required?		
		N.B.: Bookings longer than 1 hr duration may require 2 interpreters. Please discuss your needs at the time of booking		
Approximate number of other attendees:		Names of preferred interpreters :		
Nature of appointment:		1.		
Meeting Interview Training		2.		
Counselling Conference Other		3.		
Venue for the appointment:				
Is car parking available? Yes No		Are meals provided? Yes No		
What is the general content?				
Invoice attention to :				
Charge to (organisation name) :				
Postal address :				
Person making this booking request :		Contact person at the venue (if different to you)		
Ph :	Date booking submitted:	Ph :		
<u>OFFICE USE ONLY</u>	Invoice sent:	Interpreter Paid:		
Interpreter(s) Booked :		Date :		