

ROOM

DATE (YYYY MMM DD)

**STAFF TRAINING CENTRE
130-10711 Cambie Road
Richmond, B.C. V6X 3G5**

FAX #

PHONE #

TITLE (Name of the meeting)

INSTRUCTOR

START TIME

FINISH TIME

EXPECTED ATTENDANCE

SPECIAL REQUESTS/INSTRUCTIONS

CONTACT PERSON

OFFICE CODE/BRANCH

BOOKING DATE (YYYY MMM DD)

HR2134(13/09/12)