

CHAPEL HOUSE

STUDIOS A SPACE TO [MOVE]

THERPAY ROOM BOOKING AND ENQUIRY FORM

PLEASE EMAIL YOUR COMPLETED FORM TO: info@chapelhousestudios.com

Full Name	
Company/Business Name	
Contact Phone	
Email	
Website	
Contact Address	

The more specific you can be the better we understand your needs and can see how best to accommodate you.

Please describe what you will be using the space for?	
Have you already seen the Therapy Spaces or do you wish to make an appointment to view?	
What day/s of the week are you looking to hire? <i>Please note that we do not hire room space alternate weeks. Half day or ad hoc.</i>	
Is there a day/time you do not want?	

<p>When do you wish to start hiring the space?</p>	<p>--</p>
<p>Do you require a room with a Therapy couch or arm chairs?</p>	
<p>Do hold public liability insurance and a certificate/ qualification for the subject you wish to practice?</p> <p>Where do you currently practice?</p> <p>Are you moving your work to Chapel House or building a client base from scratch?</p>	
<p>Is there anything else you'd like us to know?</p>	
<p>I CONFIRM I HAVE READ AND UNDERSTAND THE TERMS AND PAYMENT DETAILS ON THE WEBSITE AND UNDERSTAND HOW MUCH ROOM SPACE IS, INCULDING THAT A DESPOSIT IS REQUIRED.</p>	<p>NAME: please insert your name here:</p>