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| Agreement form | K:\AA 2017\Marketing2017\Kohia Logo\Colour\Horizontal\KOHIA H RGB.png |
| I hereby agree to abide by the rules and conditions as set out and given to us by Kohia Centre as stated in this Room Booking Policy and the University of Auckland Use of Facilities Terms of Agreement. | |
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| **The University of Auckland - Authorised Signatory**  Organisation: Kohia Centre  Position/Title: Manager  Print Name: Jillian Shearer-Rowe  Signature:  Date: | **Client - Authorised Signatory**  Organisation: Click here to enter text.  Position/Title: Click here to enter text.  Print Name: Click here to enter text.  Signature:  Date: Click here to enter text. |

Please return this form to Kohia Centre:

Email: [kohiabookings@auckland.ac.nz](mailto:kohiabookings@auckland.ac.nz)

Phone: 09 623 8977

Post: Kohia Centre

The University of Auckland, Faculty of Education & Social Work Private Bag 99946, Newmarket

Auckland 1149