Auditorium Usage Request Form
(For the Academic / SZABIST Official Activities Only)

Event ____________________________________________________________

Date ____________ Time: From ______ to ______ Expected No. of participants: ______________

Name of the Guest (if any): __________________________________________

Audio Visual request:

☐ Multimedia projector Person Responsible * ________________
☐ Slide projector
☐ TV / VCR
☐ PC
☐ Other: Specify ________________________________________________

*The person responsible must ensure that the Multimedia projector is left in the same working condition as received.

Refreshment request:

No. of participants ______________________________________________

Items __________________________________________________________

Time needed ____________________________________________________

*No food will be served or used in the auditorium.

Any other special arrangement: (please specify)

HoD/ PM/ Faculty Examination Controller IT Dept Senior Administrative Manager
Signature & Date Signature & Date Signature & Date Signature & Date

Note:
▪ Please make your request at least 48 hours in advance to the Administrative Office.
▪ The concerned HoD/ PM/Faculty shall be responsible to supervise the respective activity.
▪ Late Night (after 9:00pm) Usage of the Auditorium will not be permitted unless supervised by the relevant PM/faculty.

Revised April 21, 2014