Special Facilities Request Form

Attach a detail description of the event

PLEASE MAKE YOUR REQUEST AT LEAST 48 HOURS IN ADVANCE

Event: _____________________________________________________________________________

Date: __________________________ Timing From: _____________________ to ___________

### Audio Visual Request:
- Multimedia Projector
- TV/VCR
- PC
- Slide Projector
- OHP
- Others: _______________________________________________________________________

Person Responsible (Name & ID): _______________________________________________________________________

**Note:** The person responsible must ensure that Multimedia Projector is returned in the same working condition as received.

### Seating Request:
Type of Space: __________________ No. of Chairs: _____ Arrangements: ________________
(e.g. room, garden etc)

### Refreshment Request:
No. of Guests: ____________________________ Time Needed: ________________
Items: _______________________________________________________________________

**Note:** No food will be served in the auditorium & classroom

### Transport Request:
Place to Visit: ____________________________
No. of Persons: ____________________________
Type of Transport: __________________________

Any special arrangement/Instruction (Please specify):

### Description of the Event (in detail):
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Faculty /Staff Name: ____________________________
Course: _______________________________________
Section: _________ Program: _________________
(Requested by Student/Faculty/Staff)
Date: ____________________________

Academic Dept./Date ___________ IT Dept. / Date ___________ Administrative Dept. / Date ___________

**Note:** Faculty and the relevant Program Manager will be responsible for the event.