Request for Facilities

ORGANIZATION: ________________________________________________________________

Contact Person: _______________________________________________________________________________

Address: __________________________________________ Telephone: ____________________________

__________________________________________ Fax: _________________________________

E-mail: _____________________________________________

Nature of Function: _________________________________________________________________________

Date: _____________________________ Time:___________________ No. of People: ________________

FACILITY:

Main Floor Board Room [   ] Hampton Hall [   ] Industry Seminar Centre [   ]
Third Floor Board Room [   ] Mini Lecture Theatre [   ]
Other [  ] - Specify ______________________________________________________________________________

SPECIAL EQUIPMENT:

Slide Projector [   ] Overhead Projector [   ]
VCR [   ] Tables, Chairs, etc. [   ]
Other [  ] - Specify ______________________________________________________________________________

CATERING:

Groups are responsible for arranging their own catering requirements with the Cafeteria Manager, ext. 420.

Coffee Breaks [   ] Luncheon [   ] Dinner [   ]

Details: _______________________________________________________________________________________

I/We agree to accept responsibility to leave the space, if allocated, in the same condition as we find it. We also agree to accept full financial responsibility for any damage caused by our use of the space and equipment.

______________________________________
Date             Authorized Signature

Institute Sponsor

Invoice: Yes [ ] No [ ] - Cost Centre (FOAPAL Number):

Approval: ____________________________________________ Date: ____________________________

Catering and Conference Manager