

# Request for Facilities

**This is a  
Smoke Free Facility**

**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: \_\_\_\_\_  
Catering and Conference Manager

Date: \_\_\_\_\_