



Event Application Form

GENERAL SERVICES DEPARTMENT

Event Name:

Number of Guests:

Event Date:

Start Time:

End Time:

Company Name:

Contact Name:

Contact Number:

Email Address:

Objectives & Theme of the Event:

REQUESTED VENUE

REQUESTED VENUE	CAPACITY	COST/DAY
Auditorium	700	25,000.00
Atrium	1500	15,000.00
Lecture theater with interpretation booth	154	10,000.00
Lecture theater	156	7,000.00
Oval room	200	5,000.00
Classroom	68	1,000.00
Workshop room	40	1,000.00

REQUIRED SERVICES

- Catering services
- Flowers arrangements
- Photography
- Videography
- Simultaneous translation

Documents to be attached

- Company profile
- Program of the event
- Performer/Lecturer profile