Rasa Form

Personal Details

Full Name

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Contact Num	ıber	
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Event Name Event Date/ 11/29/1899 Event Descri Expected Pa	Day ption rticipants	

How many days do you require us facility?	e of the
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Start Time	
12:00 AM	
End Time	
12:00 AM	
Facilities Needed	Equipment Needed
*please check all rooms/facilities you plan to use Auditorium Food and Beverage Room Main Lobby Dance Studio Multi Purpose Hall Gymnasium Classrooms Kitchen Area	*please check all equipment you plan to use MIS/IT Sound System Number of Sound System Microphone Number of Microphone LCD Projector Number of Lcd Projector Widescreen Number of Sound System Bag Chair/s Number of Chair/s Table/s Number of Table/s Black Panel Number of Black Panel Whiteboard Number of Whiteboard Aircon Time :
Subr	mit Back
Venue Approval	

Osa Approval