Summary Rasa Form

Personal Details

Full Name

Contact Number 0 Requestor Information Requestor Type Event Information Event Name Event Date/Day 11/28/1899 Event Description	Faskdvbhad	ł			
Requestor Information Requestor Type Event Information Event Name Event Date/Day 11/28/1899	Contact No	umber			
Requestor Type Event Information Event Name Event Date/Day 11/28/1899	0				
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Event Description	Event Nan	ne	ation		
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Expected Participants	
0	
Purpose/Objective	
How many days do you require us facility?	e of the
0	
Start Time	
09:18 PM	
End Time	
11:22 PM	
acilities 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 *please check all equipment you plan to use MIS/IT Sound System Number of Lcd Projector Widescreen Number of Sound System **Description* **Description* **Other:** **Other:* **Other:*

Submit Back

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Venue Approval
Osa Approval
С са. т. фр. с т. а.