



**TOURISM  
INFRASTRUCTURE AND  
ENTERPRISE  
ZONE  
AUTHORITY**

6th & 7th Floors, Tower 1  
DoubleDragon Plaza  
DD Meridian Park  
Macapagal Avenue corner  
EDSA Extension  
1308 Bay Area, Pasay City

(+632) 8249-5900 loc. 612  
gsd@tieza.gov.ph  
www.tieza.gov.ph

Name of Office/ Department: **COPD**

Authorized Representative : **MAY ANNE B. ABANA**

Date of Application : **01 FEBRUARY 2021**

Contact Number/ Email : **Local 711**

Request for Room : **MPH B**

Type of set-up : **Classroom Type**

Program Title : **STRATEGIC PLANNING**

Estimated Number of attendees: **30 attendees**

I respectfully request permission to use the Function Room on the following date, or dates, at the times indicated (specify ending and starting time):

**PLEASE NOTE THE FOLLOWING:**

1. The Function room must be vacated **thirty minutes** before closing of office hours.  
Office hours is **8:00am to 6:00 pm**
2. The authorized representative of the requesting office is responsible for pick-up and return of key to GSD.
3. The key can be picked up from GSD and must be returned on the same day.
4. You *must* bring the copy of the confirmation stub and identification card (ID) to pick up the key.

**DATE OF MEETING**

**START TIME**

**END TIME**

10 February 2021

9:00 am

05:00 pm

11 February 2021

9:00 am

05:00 pm

**MULTIMEDIA EQUIPMENT TO BE USED:**

*Please specify the materials that you will use inside the facility.*

2 LCD Projectors with 2 white screen, microphones, Audio system, Wi-Fi internet access, Extension set per table

**AGREEMENT**

I agree to comply with the Function Room Policies and Guidelines

I have read the Function Rooms Policy and Guidelines completely and understand it is the responsibility of the person requesting the room to coordinate all details of the meeting/event including set-up and clean-up. I understand that I am fully responsible for the lock-up of the Facility using the key provided and to return the key to the GSD immediately after use. Fees will be charged to the requesting office if the key is lost or misplaced or if the room is not restored its original set-up or condition. I understand that the GSD has the right to cancel my confirmed reservation or re-arrange the room on an emergency basis.

  
**FRANCIS RANDY J. HORTELANO**  
Signature of the Head of the Requesting Office



This is the confirmation of your request for using the \_\_\_\_\_ Room on \_\_\_\_\_  
based on the FRRF# \_\_\_\_\_.

Prepared by:

**PATRICIO S. CELENDRO, JR.**  
Scheduling Coordinator

Approved by:

**ANA RUTH L. MATEO**  
Manager- General Services Division