

SPACE ALLOCATION AND HOSTING SERVICE REQUEST FORM

1. INFORMATION ABOUT THE EVENT AND THE PLACE

TOPIC OF THE EVENT: _____

EVENT's :

Date	Starting time	Ending time	# of Participants
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PLACE RESERVATION BEFORE THE EVENT (If needed) : _____

Starting time : _____

PLACE RESERVATION AFTER THE EVENT (If needed) : _____

Ending time : _____

ORGANIZING: _____

Unit & Person

Telephone (Ext.)

SPONSOR OF THE EVENT (If any): _____

PLACE OF THE EVENT: _____

Name of the Building

Number or Name of the Room

TO BE POSTED AT THE EVENTS CALENDAR ?

Yes No

2. TECHNICAL EQUIPMENT REQUESTED FOR THE EVENT

 Projector Overhead Drop curtain Flip-Chart Slide Microphone TV Video Phone Music set Clip microphone Fax Audio Recording Other _____

3. SEAT ORDER REQUESTED FOR THE EVENT

 U Style Straight Rows Lectern Theatre Style V Style Round Head-Table (.....Person) Other _____

4. CATERING SERVICE REQUESTED FOR THE EVENT

HOSTING PLACE: _____

CATERING: _____

Starting time Ending time # of Participants Cost Price for Dining (TL)

 Tea-Coffee
 Cocktail Tea-Coffee-Cookie
 Cocktail-hors d'oeuvres Formal Dining
 Other _____

CATERING SERVICE EXPENSES COVERED BY: _____

Unit Budget Code

Project Code (If any)

5. PERSONAL NOTES OF THE REQUESTER (if any)

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SIGNED (By the Unit Manager if there shall be any expenditure from the budget; by the applicant otherwise): _____
DATE: _____

6. ALLOCATION INFORMATION (For Student Resources Use Only)

- If the space, date and time is confirmed by the System, this part is to be completed and submitted to the Univ. Operations Unit. The Requester is informed in writing.
- Otherwise, the case is reported to the requester. If an appropriate solution could not be found, this form will be handed back to the requester without completion of the part below.

Allocated Space:

Date:	Time:
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Signature of the Responsible Person: _____

Date Processed: _____