



Republic of the Philippines
MINDANAO DEVELOPMENT AUTHORITY



MEETING ROOM RESERVATION

Reference No: _____

EVENT NAME		LOCATION	
DATE		TIME	
NO. OF PAX		EVENT HOLDER	

Please check the box below with corresponding specified arrangement/requirement needed for the event.

FUNCTION ROOM		
<input type="checkbox"/> <i>BIMP-EAGA Conference Hall (10th Floor)</i>	<input type="checkbox"/> Half 1	<input type="checkbox"/> Half 2
<input type="checkbox"/> <i>Audio / Video Room (temporary)</i>	<input type="checkbox"/> <i>HR / IT Conference Room (14th Floor)</i>	
<input type="checkbox"/> <i>PPPDO (14th Floor)</i>		
SEATING ARRANGEMENT		
<input type="checkbox"/> <i>Theatre</i>	<input type="checkbox"/> <i>Herringbone</i>	<input type="checkbox"/> <i>Hollow Square</i> <input type="checkbox"/> <i>Classroom</i>
<input type="checkbox"/> <i>U-Shaped</i>	<input type="checkbox"/> <i>Board room</i>	<input type="checkbox"/> <i>Others (pls. specify):</i> _____
STAGING NEEDS		
<input type="checkbox"/> <i>Theatre</i>	<input type="checkbox"/> <i>Wide Screen</i>	<input type="checkbox"/> <i>Podium</i>
<input type="checkbox"/> <i>Basic PA Sound System</i>	<input type="checkbox"/> <i>Name Plate/s</i> Number: _____	<input type="checkbox"/> <i>Registration Area</i>
<input type="checkbox"/> <i>Wi-Fi connection</i>	<input type="checkbox"/> <i>Tables</i> Number: _____	<input type="checkbox"/> <i>Chairs</i> Number: _____
<input type="checkbox"/> <i>Others (pls. specify):</i> _____		
FOOD		
<input type="checkbox"/> <i>Catering Service Provider (Please write provider's name)</i>	_____	
<input type="checkbox"/> <i>Buffet Service</i>	<input type="checkbox"/> <i>Plated Service</i>	<input type="checkbox"/> <i>Family Service</i>
OTHERS		
<i>Catering Service Provider</i> (Please write provider's name)	_____	
Utility Personnel during the event: _____		

Requested By: _____
Division Chief

Date Filed: _____

Approved By: CECILIA D. TRIÑO
CAO