

REQUEST FOR USE OF DSWD CONFERENCE ROOM

(Note: Request should be made at least two (3) days before the date of actual use)

Date: _____**Name:** _____**Purpose:** _____**Date Needed:** _____**Time Needed:** _____**Number of Persons:** _____**Focal Person:** _____

	Name of Conference Room	Location	Capacity (No. of pax)
Conference Rooms Requested	<input type="checkbox"/> Conference Room No. 1	Emerald Building	15 Pax
	<input type="checkbox"/> Conference Room No. 2	Emerald Building	20 Pax
	<input type="checkbox"/> Other facilities, please specify: _____		
	<input type="checkbox"/> Tables Qty. _____		
	<input type="checkbox"/> Chairs Qty. _____		

Set-Up/Arrangement**Requested by:****Approved:**_____
Head of Office or Authorized Representative_____
General Services Section Head