**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** | |  |  | Conference Room No. 1 | | | | | | Emerald Building | 15 Pax | |
| **Requested** | |  |  |  | | | | | |  |  | |
|  | |  |  | Conference Room No. 2 | | | | | | Emerald Building | 20 Pax | |
|  | |  |  |  | | | | | |  |  | |
|  | |  |  | Other facilities, please specify: | | | | | |  |  | |
|  | |  |  |  | | | | | |  |  | |
|  |  | |  | Tables | | | Qty. |  |
|  |  | |  |  | | |  |  |
|  |  | |  | Chairs | | | Qty. |  |

**Set-Up/Arrangement**

|  |
| --- |
|  |

**Requested by:**  **Approved:**

**­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ EUGENE LOUIE C. TAMING**

**Head of Office or Authorized Representative** General Services Section Head