Event Descriptions			
Name of Event:			
Date of Event:			
Activity Brief:			
	<u> </u>		
Attendance			
Total Seating Configured:			
Estimated Total Attendance:			
	1		
Event Overview			
Summary			
Name of Organizer:		Organizer Contact	
		Information:	
Event Management Company Representative:		EMC Contact Information:	
Event Date:		Event Time:	
Set Up Date:		Set Up Time:	
Tear Down Date:		Tear Down Time:	
Event Type:	☐ Community	Book Launch	∠ Seminar/Workshop
	☐ Media	☐ Meet & Greet	Others
	Others:		
Noise Level:	☐ Moderate	☐ Above moderate	
Disabilities Involvement:	☐ Yes	□ No	
	Special Arrangement: To unlock disable toilet		
	<u> </u>		
Other Setup (Sports Hub Parti	ner)		
Catering (Internal Only):	☐ Yes ☐ No	If yes, please updat	e accordingly.
	Sports hub Catering Approved		
Cleaning Services	☐ Yes ☐ No If yes, please update accordingly.		
(if Yes for catering):	DTZ Approved		
	*Please have the attachment from DTZ		

Library Level 1 Floor Plan

