



## Application Form for Rental of MDIS Facilities

1. APPLICANT'S PARTICULARS		
Name/Address of Organisation:		
Name of Applicant:		
Designation	Department	
Email		
Contact No (DID)	Mobile Number	
Is your organisation an existing Corporate Member? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>		
2. EVENT DETAILS		
Nature of Function: <input type="checkbox"/> Workshop <input type="checkbox"/> Seminar <input type="checkbox"/> Lecture <input type="checkbox"/> Briefing <input type="checkbox"/> Others (Pls specify):		
Date of Event	Event Start Time	
Event Duration	Expected No of Participants	
	Rehearsal Time required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Set Up Time	From _____ to _____	_____
Clean Up Time	From _____ to _____	(DDMMYY) (Time)
Trainer's Name / Guest of Honour (If any)		
Event Name		
Venue Required <input type="checkbox"/> MDIS Auditorium <input type="checkbox"/> MDIS Lecture Rooms <input type="checkbox"/> MDIS Lecture Theatres <input type="checkbox"/> MDIS Computer Labs <input type="checkbox"/> MDIS SAMTAS Hall <input type="checkbox"/> Others		
Catering Required? If yes, please provide the following details		
Name of Caterer / Vendor _____		
No of Sessions of Food provided		
<input type="checkbox"/> 1 Tea Break / Lunch <input type="checkbox"/> 1 Tea Break and 1 Lunch <input type="checkbox"/> 2 Tea Breaks and 1 Lunch		
<b>FOR OFFICIAL USE ONLY:</b> Venue Location _____		
3. ADDITIONAL EQUIPMENT REQUIRED (Please indicate the quantity required)		
<input type="checkbox"/> Rostrum _____	<input type="checkbox"/> Long Table (1.8M in Length) _____	Technical Support <input type="checkbox"/> Yes (subject to additional cost) <input type="checkbox"/> No
<input type="checkbox"/> Sound System _____	<input type="checkbox"/> Wireless Microphones _____	
<input type="checkbox"/> Chairs _____	<input type="checkbox"/> Whiteboard _____	
<input type="checkbox"/> Flipchart _____	<input type="checkbox"/> Q-Poles _____	