



RESERVATION FORM FOR AV ROOM & EQUIPMENT

Document No. : FM-AO-08-01

Effective Date: August 21, 2017

Name of Applicant: _____ No. of Participants: _____
 Department/Company of Applicant: _____ Date Applied: _____ Contact No.: _____
 Course/Section: _____
 Purpose of Activity: _____

AUDIOVISUAL ROOM

Date Needed	Time Needed	AV Rooms Needed	Remarks
		<input type="checkbox"/> AV Room 1	
		<input type="checkbox"/> AV Room 2	
		<input type="checkbox"/> Conference Room	
		<input type="checkbox"/> Others	

AUDIOVISUAL EQUIPMENT

Date Needed	Time Needed	Equipments Needed	Remarks
		<input type="checkbox"/> LCD	
		<input type="checkbox"/> CPU	
		<input type="checkbox"/> Laptop	
		<input type="checkbox"/> Computer Speaker	
		<input type="checkbox"/> Laser Pointer	
		<input type="checkbox"/> Television	
		<input type="checkbox"/> DVD	
		<input type="checkbox"/> Doc. Cam.	
		<input type="checkbox"/> Amplifier	
		<input type="checkbox"/> Mixer	
		<input type="checkbox"/> Speaker	
		<input type="checkbox"/> Microphone	
		<input type="checkbox"/> Others	

I/We hereby apply for permission to use the foregoing facilities of the Institute in a peaceful and lawful manner, subject to existing rules and regulations. I/We shall hold ourselves responsible jointly and severally for any damage to and/or loss of property or injury to persons arising from the use thereof.

Signature of Applicant

Signature of Dean/Department Head

Signature of Administrative Officer