



AUBIC RESERVATION FORM

CONFERENCE ROOM / MEETING ROOM / TRAINING HALL

- 1. Department _____
- 2. Proposed Venue Conference Room Meeting room
 Training Hall

3. Booking Date and Day _____

4. Time/Duration From: _____ To: _____

5. Event Title _____

6. Purpose of event _____

7. Focal Person/Coordinator of Activity

Name _____ Deptt _____

Telephone _____ E-mail _____

8. Chief Guest: _____

9. Likely Attendance:

Students _____

Faculty Members _____

Guests _____

Misc _____

Total: _____

10. Any special feature e.g. Info about foreign guests, PAF Officials, Govt Officials etc.

Focal Person Signature

Signature of HOD
Concerned

Approving Authority

Note: Please attach Event Info-graphics with reservation form before submission.