|  |  |  |  |
| --- | --- | --- | --- |
| Requester Name |  | Phone No |  |
| E-Mail |  | Department/ Institute |  |
| Requester’s Signature |  | No of Days of the Event |  |
|  |
| Date of Request  |  | Date & Time for the Event |  |
| Numbers of person expected (<400) |  | Remark |  |

**Faculty of Dental Sciences**

**University of Peradeniya**

**Reservation of Prof. K. Bambaradeniya Auditorium**

|  |
| --- |
| **Service Required** |
| **Place an X in the appropriate box or boxes** **Approval from the Dean/faculty board should be annexed.**Multimedia Payment : Yes No Sounds Receipt No: Decorations Space for RefreshmentsAssistant If Yes, How many assistants needed?Booking type: full day first half second half |

|  |  |
| --- | --- |
| The assigned duty was successfully completed  | NoYes |
| Comments |  |
| Authorized Person |  |