|  |  |  |  |
| --- | --- | --- | --- |
| 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 Refreshments  Assistant If Yes, How many assistants needed?  Booking type: full day first half second half |

|  |  |
| --- | --- |
| The assigned duty was successfully completed | No  Yes |
| Comments |  |
| Authorized Person |  |