






TRAINING ROOM BOOKING FORM

1. APPLICANT'S PARTICULARS

| | |
|-----------------------|-----------------|
| Name of Organisation: | |
| Name of Applicant: | |
| Mailing Address: | |
| Email: | |
| Mobile: | Office Contact: |

2. NATURE OF EVENT

| | |
|--|-----------------------------|
| <input type="checkbox"/> Workshop <input type="checkbox"/> Seminar / Talk <input type="checkbox"/> Meeting <input type="checkbox"/> Others (Please specify) : | |
| Title of Training/Event: | |
| Speaker / Trainer's Name: | No of pax: |
| Is this a paid event: | Will there be F&B Catering: |
| Set up Required <input type="checkbox"/> Theatre (25 pax) <input type="checkbox"/> Classroom (14 pax) <input type="checkbox"/> Boardroom (14 pax) | |
|    | |

3. DETAILS OF RENTAL

| | | |
|-----------------------------|---|-------------------------------------|
| Date of Event: _____ | Timing: | Rate Type Weekday / Weekend* |
| | <input type="checkbox"/> Whole Day (9.00am – 5.00pm) <input type="checkbox"/> Half Day (9.00am – 1.00pm) <input type="checkbox"/> Half Day (2.00pm – 6.00pm) <input type="checkbox"/> Half Day (6.00pm – 10.00pm) <input type="checkbox"/> 2-Hour Rate. Time: _____ | |

4. ADDITIONAL EQUIPMENT / FACILITY

| | |
|--|---|
| <input type="checkbox"/> Flipchart (\$10 per ream) | <input type="checkbox"/> Projector & Screen |
| <input type="checkbox"/> Whiteboard markers | Others (Please specify) : |

The Applicant has to read the Terms and Conditions governing the use of PPIS's training room and hereby agrees to be bound by the said Terms and Conditions.

Signature of Applicant/Date

Organization's Stamp

FOR OFFICIAL USE

| | |
|---|---------------------|
| Application of use: Approved / Rejected | Approved by / Date: |
| Instruction of use | |