

HECTOR KOBBEKADUWA AGRARIAN RESEARCH AND TRAINING INSTITUTE

APPLICATION FOR RESERVATION OF HALL FACILITIES

1. **Name and address of applicant :**.....
.....
2. **Telephone No.** :..... **Fax :** **E-mail :**
3. **Title of the programme** :.....
(in block letters)
4. **Details of hall facilities required:**

Date	Time		Halls/ Rooms required	Number of Participants
	From	To		

5. **Please give the following particulars regarding the programme**
(a) Names of speakers and distinguished guests:
(Attach copy of programme if available. if not, it should be submitted at least one week before date of programme)
.....
.....
- (b) Other participants : (state category)
.....
- (c) If there are any foreign nationals among participants has clearance been obtained from the Ministry of Foreign Affairs (please attach photo copy of letters).
6. **Does the programme include, besides speeches and discussions, any activities/ arrangements such as :**
- | | | |
|-------------------------------|---------|---|
| a. Drumming / Dancing | yes/no* | (If any of these items are required you are requested to discuss the arrangements with the management.) |
| b. Decorations | yes/no | |
| c. Exhibitions | yes/no | |
| d. Sales | yes/no | |
| e. Assembling at the entrance | yes/no | |
| f. Displaying of banners etc | yes/no | |
- (Outside or inside Auditorium, Conference hall etc.)

* Delete what is not necessary

7. Details of equipment required on hire :

Items	Date	Time (From - To)
LCD Projector		
OHP Projector		
Recording		
TV Deck		
Oil Lamp		
Photographs		
Flip charts		

8. Requirement of meals/ Snacks for the participants :

(Please see paras 10 to 14 of terms and conditions)

Date	Time		Whether Meals/ Snacks	For How Many
	From	To		

(Once the reservation is accepted, an order should be placed with the Institute's Caterer for necessary meals/snacks. The caterer will issue an acknowledgement of order with items and prices.)

9. Names and telephone numbers of the officers who would be responsible for the observance of the terms and conditions/ contacted in connection with the reservation.

1. 2.
Tel. No. Tel. No.

I have received a copy of the terms and conditions relating to using the Auditorium/ Conference Room/ Lecture Hall/ Committee Hall. I agree to abide by them.

Name : Signature :
Designation : Date :
(Please affix official stamp)

For office use only :