

Physical Plant Services Division
Venue Reservation Form
 Events and Reservations Management Section



CITY COLLEGE
 OF CAGAYAN DE ORO
 AIM HIGHER

(Requester's Copy)

Date:			
REQUESTER INFORMATION			
Name:		Contact Number:	
Division / Section / Unit:		Email Address:	
EVENT DETAILS			
Start Date:		End Date:	
Time:		No. of Participants:	
<input type="checkbox"/> 8:30 am - 12:00 nn <input type="checkbox"/> 1:30 pm - 5:00 pm <input type="checkbox"/> 8:30 am - 5:00 pm <input type="checkbox"/> Other: _____			
Event Type: <input type="checkbox"/> Seminar/Orientation <input type="checkbox"/> Meeting/Planning <input type="checkbox"/> Lecture/Practice <input type="checkbox"/> Training/Workshop <input type="checkbox"/> Conference/Ceremony <input type="checkbox"/> General Assembly <input type="checkbox"/> Other: _____			
Event Name:			
Venue/s:			
ADDITIONAL DETAILS (Optional)			
Special/Prior Set-Up Schedule		Date:	
		Time:	
Additional Notes:			

Requester's Signature: _____ Immediate Head: _____

For Reservations Officer Use:	
Received by:	Remarks:

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