



LARGE AUDITORIUM REQUEST FORM
College of Dentistry - Dean's Office

Admin Assts. ☎ 4299999 x 95702 Fax ☎ 8011111 x 14010 Mail Code ☎ 1243 E-mail ✉ cod@ksau-hs.edu.sa P.O. Box 📦 22490, Riyadh 11426

REQUESTER INFORMATION

NAME:	BADGE NO.:
POSITION / JOB TITLE:	DATE:
DEPARTMENT:	TEL. NO:

SIGNATURE:

NAME OF THE EVENT:

ROOM INFORMATION

RESERVE FOR:

<input type="checkbox"/> FACULTY / STAFF	<input type="checkbox"/> STUDENTS	# OF ATTENDEES: _____
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> BOTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> BOTH	EVENT DATE: _____
		START TIME: _____ END TIME: _____

SELECT BELOW IF NEEDED:

PRESENTER'S COMPUTER AUDIO VISUAL DEDICATED IT SUPPORT *(Subject to availability)*

OTHERS:

IT MANAGER APPROVAL

<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	ENGR. AMIN AL AWAD NAME & SIGNATURE	IT MANAGER POSITION / JOB TITLE	18372 BADGE NO.	DATE
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FOR COD - DEAN'S OFFICE USE ONLY

OFFICE OF THE DEAN APPROVAL

APPROVED DISAPPROVED

COMMENTS:

DR. ALI AL EHAIDEB NAME & SIGNATURE	DEAN, COD POSITION / JOB TITLE	3958 BADGE NO.	DATE
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PROCESSED BY

NAME & SIGNATURE	DATE
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NOTE: PLEASE FILL THIS FORM AND RETURN TO COLLEGE OF DENTISTRY - DEAN'S OFFICE. FORM MUST BE SUBMITTED ONE WEEK PRIOR OF THE EVENT. FOR INQUIRIES, YOU MAY REACH US AT EXT: 95702 OR 95709.