

## APPENDIX X

### BOOKING FORM FOR AUDITORIUM B1 IN COLLEGE HALL

**Name of Applicant:** \_\_\_\_\_

**Department Tel., Fax, Email:** \_\_\_\_\_

**Nature of Activity:** \_\_\_\_\_

**Date and Time of Activity:** \_\_\_\_\_

**Duration:** \_\_\_\_\_

**Name of Speaker:** \_\_\_\_\_

**Time Required for Hall Preparation:** \_\_\_\_\_

**Number of Attendees:** \_\_\_\_\_  
(max. 80 people)

**Signature:** \_\_\_\_\_

Indicate with a check mark in the box next to the audio and/or visual systems needed.

#### Audio System:

<input type="checkbox"/>	Discussion System
<input type="checkbox"/>	Simultaneous Interpretation System
<input type="checkbox"/>	Double Cassette Recorder
<input type="checkbox"/>	Audio Mixer 24 Channel
<input type="checkbox"/>	Wireless Microphone

#### Visual/Display System:

<input type="checkbox"/>	Data and Video LCD Projector
<input type="checkbox"/>	Data and Video Plasma Display Monitor 42"
<input type="checkbox"/>	Slide Projector 35mm
<input type="checkbox"/>	Video Cassette Recorder
<input type="checkbox"/>	Overhead Projector
<input type="checkbox"/>	Notebook

**Additional remarks:**  
(Room layout, etc.)

\_\_\_\_\_

\_\_\_\_\_

**Administration approval:** \_\_\_\_\_

cc: Mr. Ibrahim Khoury  
Protection Office - Control Room  
College Hall Operation and Maintenance