



APPLICATION FOR USE OF AUDITORIUM AT ADM

Event: _____

Type of Facilities	Tick \checkmark	Date/ Time
1. Auditorium	<input type="checkbox"/>
2. Foyer	<input type="checkbox"/>
3. Function Hall	<input type="checkbox"/>
4. VIP Room	<input type="checkbox"/>

Set-up/ rehearsal/ actual event)	Audio Visual support	Date/ Time
For: _____	<input type="checkbox"/>	_____
For: _____	<input type="checkbox"/>	_____
For: _____	<input type="checkbox"/>	_____

Particulars of Applicant

Name: _____

I/C No: _____

Organisation: _____

Tel No/E-mail address: _____ Fax number: _____

I hereby acknowledge receipt of a copy of the Regulations governing the use of the ADM Auditorium and agree to accept and abide by all the conditions & restrictions as stipulated therein.

Applicant's Signature

Company's stamp

Date

Please fill in the form and fax to 67906701, attention Mr Koh Kok Chew

<u>For Official Use Only</u>	
The application is approved / not approved.	
_____	_____
for Chief Building & Infrastructure Officer	Date