



AACEG Seminar Hall - Booking Form

Alumni Association College of Engineering Guindy

Event Details:

Date(s) of the Event:			
Time & Duration:	From	To	Duration (hours)
Brief Description of the Event:			
Event Organized By:			
Name, Address, Mobile No. of the Organizer			
Who will Attend the Program?			
Expected number of persons / attendees			
Will you serve Food / Beverages?			

Recommended by:

Date of Request:

Name Signature & Seal	Designation Address	
		Alumni <input type="checkbox"/> Faculty <input type="checkbox"/>
Email:	Mobile:	Intercom:

Payment Details:

Advance	No. of Rooms	No. of Persons	No. of Days	Balance	Cash/ Check	Paid by	Received by

Approved by:

Room No. Allotted:		<i>Office Manager</i>	<i>Secretary</i>
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