Library Information Services
COMSATS Institute of Information Technology
Park Road, Chak Shahzad, Islamabad

Video Conferencing Room (Booking Form)

Event Details

Title of Event (s)			
Date (s) of Event (s)		Number of Participants	(Not more than 58)
Time of Event (s)	From	To	

Personal Details (Requester)

Name		Designation	
Department		E-mail	
Telephone (with Ext.)		Cell #	

Note:
- Please fill out this form and send it to Senior Librarian well in advance, at least, a week before the event.
- Please make sure about the confirmation of booking from library staff.
- Please note that eating and drinking is strictly prohibited inside library premises.
- Please observe library rules and regulations.

Signature (with stamp)
(Concern HOD)

For Library Staff Use Only

Booking Confirmation	Yes		No		Date Request Received	
Remarks						
LIS Staff on Duty (Name)					Cell #	

Incharge: -------------------------------------- **Signature:** -- **Date**: ----------------------