

# Event Planning Request Form

Requisition Date :	Event Time :
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Institute Name :

Event Name :

Event Date :	Event Location :
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Requister Name :

Requirements :

A) Audio System :

B) Technical :

C) Video :	Need Recording	<input type="checkbox"/>		Need Youtube Live	<input type="checkbox"/>
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IT Acknowledgement :

Date	Department	Person Allocated	Authority Signature

Remarks :

Requester Sign	Principal	Technical Center
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