



NATIONAL FOOD AUTHORITY – FOOD DEVELOPMENT CENTER

**REQUEST FOR THE USE OF FDC TRAINING FACILITIES
AND EQUIPMENT FORM**

TFE Request No. _____

Date and Time of Use : _____

Purpose for the Use of FDC Facilities and Equipment : _____

Facilities and equipment: (please check the facilities and equipment you wish to use)

- | | |
|--|---|
| <input type="checkbox"/> Auditorium (maximum seating capacity: 150) | <input type="checkbox"/> Overhead projector |
| <input type="checkbox"/> Lecture Room (maximum seating capacity: 54) | <input type="checkbox"/> Slide projector |
| <input type="checkbox"/> Meeting Room (maximum seating capacity: 8) | <input type="checkbox"/> Video system |
| <input type="checkbox"/> Dormitory (double occupancy per room) | <input type="checkbox"/> Sound system |
| | <input type="checkbox"/> Multimedia projector |

Number of Persons to be Accommodated : _____

Arrangement of Room Conference Type Classroom Type
Others (please specify): _____

Other Requirements (please specify) : _____

Date of Request : _____

Requested by : _____
(Signature over Printed Name)

: _____
(Position in the Company)

Company Name and Address : _____
: _____

Telephone Number : _____

Fax Number : _____

Email Address : _____

ACTION TAKEN: [FOR FDC USE ONLY]

Please be informed that in accordance with FDC policy for the Use of FDC Training Facilities and Equipment and availability of the schedule, the above request is:

Accepted Declined REASON: _____

Approved by:

Chief, Engineering Services Division

Date: _____