



CONFERENCE FACILITY REQUEST FORM

**PLEASE COMPLETE THIS FORM & RETURN TO ROOM 103**

*Please check facility (room) availability from the communication unit in Room 214 before making the request/completing the form*

**TYPE OF MEETING: PLEASE TICK**

Internal (Conference/Workshop) [ ] External/Project Meeting (Conference/Workshop) [ ]

Hybrid Meeting: In-person and online [ ] External only [ ]

Hybrid Meeting: Internal and external participants [ ]

Others (Please specify):

**PART 1: PARTICULARS OF APPLICANT**

Name of Applicant:.....

Institution:.....

Department/Unit:..... Phone No:.....

Name of organizer.....  
*(If different from name of applicant)*

Phone No:.....

**FACILITY/SERVICE REQUIRED: *Please tick all that are applicable.***

Conference Hall [ ]

Seminar Room 2 [ ]

Conference Hall and Combined Seminar Rooms [ ]

WACIPAC Conference Hall (for internal use only) [ ]

Projector [ ]

Photography/Media Coverage [ ]

Seminar Room 1 [ ]

Combined Seminar Rooms [ ]

Kitchenette [ ]

Internet [ ]

Laptop [ ]

Flyer/Banner design [ ]



**NOGUCHI**  
Memorial Institute for Medical Research  
University of Ghana

**NOGUCHI MEMORIAL INSTITUTE FOR MEDICAL RESEARCH**

**INSTITUTIONAL QUALITY OFFICE**

**REQUEST FOR CONFERENCE FACILITY**

**Reference Number: Mgt-F-055-1.0**

**Effective Date: 30<sup>th</sup> June 2023**

**Purpose: Please**

Explain.....  
.....  
.....

**Date(s) of use:**

From (DD/MMM/YYYY) .....

To (DD/MMM/YYYY): .....

No. of Days:..... No. of Participants:.....

Time: From..... To.....

Signature of Applicant:..... Date:.....



**PART 2: FOR OFFICE USE ONLY**

**RECOMMENDATION BY OFFICER IN CHARGE**

Available [ ] Not Available [ ]

Total Amount to be paid:.....

Form Processed by:..... Signature:.....

Date:.....

**REVIEW BY ASSISTANT REGISTRAR**

Application Reviewed [ ]  
Approved [ ] Not Approved [ ] Application to be revised [ ]

**APPROVAL BY ADMINISTRATION**

Application Approved [ ] Not Approved [ ]

Amount to be Paid:..... Full [ ]..... Part [ ].....

Other [ ].....

Name of Approving Officer:..... Signature: .....

Designation:..... Date:.....

**ACCOUNTS DEPARTMENT**

Total Amount Paid:..... Receipt No:..... Date:.....

Name of Schedule Officer..... Signature: .....