

# IAD Meeting Room Request Form

Date.....

Name-Surname.....Section.....Tel.....

Please choose the meeting room

IAD Meeting Room                       Meeting Room 10

**Other** Please specify: Meeting Room Name..... Floor..... Building Name.....

Meeting Date..... Time..... to.....

Title (Th).....

Title (En).....

Do you want to show an information on the calendar of events (website)?     Yes     No

Number of Attendees..... Please do the following:

Food & Beverage	Audiovisual & Reporter
<input type="checkbox"/> Drink.....Set <input type="checkbox"/> Snack.....Set <input type="checkbox"/> Lunch.....Set	Meeting format: <input type="checkbox"/> Onsite <input type="checkbox"/> Online <input type="checkbox"/> Onsite & Online <input type="checkbox"/> Notebook ..... set <input type="checkbox"/> Microphone <input type="checkbox"/> TV screen <input type="checkbox"/> Speaker <input type="checkbox"/> LCD+Screen+ Tripod <input type="checkbox"/> Camera + Photographer for <input type="checkbox"/> Photo <input type="checkbox"/> Video record <input type="checkbox"/> Create online meeting room <input type="checkbox"/> Webex <input type="checkbox"/> Zoom <input type="checkbox"/> Other..... <input type="checkbox"/> Reporter <input type="checkbox"/> Other Please specify.....

Sign..... Requester	Sign..... Head of Requester
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Sign..... Head of Administration and Internationalization Strategies Section	Sign..... Head of Information and International Communication Section
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**Allow**                       **Not Allow**

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(Mrs.Hathaitus Semchuchot)

Foreign Relation Officer, Senior Professional Level

Acting Director of International Affairs Division

**Please note**

1. Details and participants of the project/activity shall be attached accordingly.
2. Notify shall be made at least 3 working days in advance.