

# Event Form



This form must be completed by the Event Coordinator and approved by the President or Vice President of Komar University of Science and Technology, Director or related units. This form must be completed during the planning for the event — 10 working days prior to the commencement of both event set-up and activities.

Please note that every event/activity proposed by faculty is subject to review, Therefore, you might be asked to modify certain aspects of the activity to be aligned with the university's policies.

## Basic Information

Activity Title:

Activity Type:

Purpose:



Date (From)

Date (to)

Time (From-to)

Location

In campus

outside campus (where?)

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## Admin/HR Office

Needed Items?

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## Production Office

Do you need media coverage?

Yes

No

Needed Items?

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## IT Office

Needed Items?

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## Others

Event Budget Estimated Cost (IQD): ( attach the list if needed)

Participants (Estimated No.)

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Any other requirements?

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## Approvals

Admin/HR

Production

IT

President

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## Documentation

This is request will be archived in Production office for documentation purpose.

Event Code: