



HLEDAN CENTRE

EVENT APPLICATION FORM

Serial No:

Date: / /

1. Company Name
2. Agency Name
3. Company Address
4. Telephone
- Email
5. Event Hall A B C D E F
6. Event Day /...../..... to/...../..... (.....)
8. Event Time :.....AM/PM to:.....AM/PM
9. Preparation Time To
10. Type of Event Product Road Show Sale Promotion Game Others
11. Level of Event Big Middle Small
12. Do you have a store in this centre? Yes No
13. Do you want to use electricity from centre? Yes No
14. Do you want to use table from centre? Yes No *(.....)
15. Do you want to use chairs from centre? Yes No *(.....)
16. Do you want to use pantry room from centre? Yes No *(.....)
17. Do you need a stage for event? Yes No *(.....)
18. Is there any Entertainment programmes in this event? Yes No

Proposal By:

Sign : _____

Customer Name: _____

Received By:

Sign : _____

Name: _____

Position: _____

Acknowledged By:

Sign: _____

Name: _____

Position : _____