

**Chartered Institute of Personnel Management Sri Lanka  
Application for Reserving Halls at CIPM Head Office**

**Details of the Organization/ Individual**

Name	
Address	

**Details of the Contact person**

Name	
Direct Contact Number (Mobile)	
Email Address	

**Details of the Member** *(Please fill this section only if you are a CIPM Member or if you have a CIPM Member employed at your organization)*

Name	
Membership Number	Membership Category

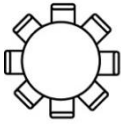
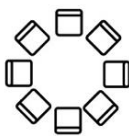

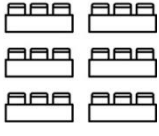
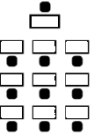
**Type and details of the program/ Audience**

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**Details of the Reservation** *(Please refer the table No. 1 on page No. 2 for hall details)*

Date	Hall Number	Duration		Number of Pax	Hall layout
		From	To		

**Layout Guide**

 Rounds	 Chairs in a Circle	 Auditorium	 Classroom	 PRACTITIONER EXAM STYLE	<p>Please note that, <b>5F9 &amp; 5F10 are in Classroom Style</b> and <b>Exam Hall is in Exam style</b>, by default. Only <b>3F3</b> can be arranged in <b>Rounds style/ Chairs in Circle style</b></p>
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**Additional facilities (Please tick)**

Multimedia	<input type="checkbox"/>	Sound System	<input type="checkbox"/>	Magi Board	<input type="checkbox"/>	Lectern	<input type="checkbox"/>
Table clothes	<input type="checkbox"/>	Flip Chart Board	<input type="checkbox"/>	Canteen	<input type="checkbox"/>		

**Declaration**

- I / We undertake to pay in full the amount payable, at the time of confirmation of the reservation. In the event of any cancellation or change of the date by me / us of the above mentioned activity,
- I / We agree to the forfeiture of the amount paid or part thereof, at your sole discretion. In respect of any damage or loss to the property of the Chartered Institute of Personnel Management SL (Inc.) shall be final and conclusive and
- I / we undertake to pay the cost of such damage or loss.

Name and Designation of the applicant	:	
Signature	:	
Date	:	

**For Office Use only**

..... (Number/ Name of the Hall) can be reserved for the above purpose on

..... (Date) from ..... to .....

Member Discount of 12.5% is Applicable/ not applicable (Please delete the inappropriate word)

Date	Signature (Chief Manager Member Services and Corporate Affairs)

**Payment Details**

Amount received	:	Cash/ Cheque	:
Receipt Number	:	Date	:
		Signature (Account Assistant/ Accountant)	