

EVENT/PROJECT FILL FORM

This form should be sent duly filled to NUMED prior to any event acceptance (by fax to 961 1 390592 or by mail to info@numed.me).

I- EVENT ORGANIZING INSTITUTION		
- NAME OF INSTITUTION:	MAIN ACTIVITIES:	
- Address:	Tel: Fax:	
Mail: Website:		
- CONTACT PERSON: Tel:	Mail:	
II- EVENT DETAILS		
1- EVENT TITLE/THEME:	EXPECTED NUMBER OF VISITORS:	
2- DATE: From/ to/	TIMING: Fromtoto	
3- LOCATION (Country, city, street, building):		
4- EVENT GOALS AND OBJECTIVES:		
5- TARGETED POPULATION (adults, families, infants, adolescer	its, scientists, etc.):	
6- TYPE OF ACTIVITY IF ANY (presentation, games, conference,	etc.):	
7- DETAILED DESCRIPTION OF NUMED ROLE:		
8- EXPECTED FEES/RENTAL (\$/m3) (specify):		
9- SPONSORS/PARTICIPANTS OTHER THAN NUMED: NO	☐ YES: Specify (Name, amount, etc.):	
Date: Signature:		
RESERVED FOR NUMED		
1- DEPARTMENT: PERSON IN CH	IARGE: TEL:	
2- NAME OF OTHER PEOPLE INVOLVED:		
DOCUMENTS TO BE FILLED BY NUMED ONCE FINAL APP	ROVAL IS GIVEN	
List of Products for Internal need (ADM015)	Event/Project Stand Plan (ADM003)	
Event/Project Cost Sheet (ACC003)	Event /Project Member Functions (ADM	007)
Event/Project Specific Products/employee (ADM008)	Consumables Purchase Order Form (AD	M005
Stationery Purchase Order Form (ADM009)	Event/Project Time Schedule (ADM006)	
GENERAL MANAGER DECISION: Approved	Rejected to be reviewed	
NOTES:		
GENERAL MANAGER SIGNATURE:	DATE:	