

Attachment: \_\_\_\_\_ المرفقات  
Date: \_\_\_\_\_ التاريخ  
No.: \_\_\_\_\_ الرقم

## REQUESTED SERVICES

### EVENT INFORMATION

Event Title (Arabic):  
.....

Event Title (English):  
.....

Start date: .....

End date: .....

Numbers of days .....

Number of attendees expected.....

### Financial Analysis:

☐ YES ☐ NO

### CME hours Required:

☐ YES ☐ NO

### Registration Required: (ONLY FOR FREE REGISTRATION)

☐ YES ☐ NO

### Online webinar:

☐ YES ☐ NO

### Venue reservation Required:

☐ YES ☐ NO

### Venue location:

☐ College of medicine .....

☐ KSUMC .....

☐ Outside KSUMC .....

### Parking Space Required:

☐ YES (number) .....

☐ NO

### Catering Required:

☐ YES

☐ NO

### Social Dinner Required:

☐ YES (number) .....

☐ NO

### Communication with Speaker required:

☐ YES ☐ NO

### VISA Required:

☐ YES (number) ..... ☐ NO

### Travel Arrangement Required:

☐ YES (number) ..... ☐ NO

### Accommodation Required:

☐ YES (number) ..... ☐ NO

### Transportation Required:

☐ YES (number) ..... ☐ NO

### Graphic Design Required:

☐ YES ☐ NO

### Printing Material Required:( Roll ups - Posters)

☐ YES ☐ NO

### Event Material Required: (Bags- Gift- Plaques)

☐ YES ☐ NO

### Promotion Required:

☐ YES ☐ NO

### Services from 3rd parties:

(Are there other services requested from a 3rd party?)

☐ YES ☐ NO

### Will there be a cost for these services?

☐ YES ☐ NO

e.g. of 3<sup>rd</sup> parties: (companies, societies, donors, .. etc.)

### Requester information

Requester name  
.....

Department  
.....

Date  
.....

Signature  
.....