

Date ………………………………

**CeNT STAFF**

**Form for submitting an event on the premises of CeNT related to the education program and teaching and research activity \***

1. Reporting person (name, surname, contact phone number): ………………………………...
2. Title of the event: ……………………………………………………………………………
3. Date (and hours) of the event: ……………………………………………………………….
4. Aim of the event: …………………………………………………………………………….
5. Institutions / legal entities take part in the event:
6. …………………………………………………………………………………..
7. …………………………………………………………………………………..
8. …………………………………………………………………………………..

6. Space requirements (audytorium, atrium, seminar rooms, etc.):

…………………………………………………………………………………………………...

7. Estimated numer of participants: …………………………………………………………….

8. Requested IT support from CeNT UW, in the scope (it is necessary to check the equipment with a LAN employee in advance):

* sound system, mikes
* slide projector
* pointer / remote control to change presentation slides
* presence of an IT department employee during the event
* others: …………………………………………………………………………………………...

9. Schedule of the event (program as an attachment)

10. Specific information on the number of participants:

Number of people submitting papers: ……………………………...……………………………

Number of people presenting papers from foreign research units: ……………………………...

Number of PhD students snd students participating in the event: ………………………………



List of people including name and surname, university, faculty (attachment)

11. Contact info of the person responsible for the event: ………………………………………………..

12. Participation of the media:

* YES, which ……………………………………………………………………….
* NO

13. Contact details of the catering company (selected by the organizer on their own) and type of catering:

* coffee service
* sandwich service
* buffet (meals)

14. Ohter relevant information: ………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………………………………………………………………………

I, herebly declare that I have been acquainted with:

* internal regulations for booking rooms in the CeNT I building (required)
* with Ordinance No 29 of the Rector of the University of Warsaw od April 6, 2016 on security of events (required)

……………………………………………………

Date and signature of the reporting person

 /responsible

*-----------------------------------------------------------------------------------------------------------------------------------------------------*

*To be completed by CeNT UW administration*

**I agree / I disagree organization of the event\***

 ……….……………………………………………

Stamp and signature

Deputy Director of CeNT UW

 for Infrastructure

\* delete as appropriate