



Civil Society Human and Institutional Development Programme

A Company set up under Section 42 of the Companies Ordinance, 1984

CHIP 6.7.0 UTILITIES LH
[CHIP Training Center Booking Form-July 2008-External Clients]

Booking Form for Renting CHIP Training Center

(Hard copy of the form is to be submitted minimum 5 working days before the scheduled event)

Venue name:	CHIP Training Centre - Training room dimensions can accommodate up to 18 people		
Contact name:	Naeem Akhtar	Job title:	Assistant Manager Finance & Admin
Physical address :	Plot No. 01 (Fayaz Market) Street 9, G-8/2 Opposite National Institute for Handicapped Islamabad- Pakistan		
Contact telephone no.:	92-51-111-111-920 Ext 107	Fax. No.	92-51-2280081
Contact email:	info@chip-pk.org	Website	www.chip-pk.org

Requested By (Name Of The Organisation)

Title Of Event

Dates

Timings Of The Event

Proposed Time For two Teas

Proposed Time For Lunch

Please indicate Hall Requirements

Multimedia

Yes

No

Lap Top

Yes

No

Stationery (Enclose List And Quantity) On Payment Basis

Yes

No

Photocopying @ PKR 5 per print

Yes

No

High Speed DSL Connection available for one person at a time @ PKR 50/- per 30 minutes

Yes

No

Price for tea /coffee & refreshments per serving @ PKR 150 per day per participant

Morning Tea with Patties

Evening Tea with Cookies

Price for lunch per person per day @ PKR 550.00 per day

Please tick which lunch options is required

Option 1

Option 2

Option 3

KFC/McDonalds

Sufi Food

KC Grill

Chicken Piece

Chicken Karahi

Pizza Sliced

Zinger OR Mc

Fried Fish

Sandwich &

Crispy Burger

Salad

Drum Stick &

Large Fries

Gajar Halwa

Veg Cutlets &

Drinks

Roghni Naan

Mini Bun

Strawberry &

Trauffell

Hall Rate per day:

7000/- per day

Please tick under which category your organisation fall

Donors:

INGOs:

Local NGOs/CBOs

Please enclose a 50 % advance as pay order in the name of CHIP with this booking form

Specify how much advance is enclosed: PKR-----

Name and Designation of the Authorized Person from Requesting organisations

Specify Mode of payment:-----

Name-----

Designation-----

Signature and Stamp of the Authorized Person from Requesting organisations

Signature-----

Stamp

Note: The final invoice will be prepared by CHIP based on the actual expenses of the use of facility