



**International Islamic University, Islamabad (IIUI)**  
**Faisal Masjid Campus**  
**RESERVATION FORM**

FOR  
IRI AUDITORIUM AT FAISAL MASJID CAMPUS

Faculty/Institute/ Department	Name of Event	Date(s)/time of Event		Expected Number of Participants	Contact Details of Focal Person/ Coordinator	Requirement of Multimedia/Seminar Room/ Refreshment Lounge/Media Coverage
		From	To			

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Ph: \_\_\_\_\_  
Cell # \_\_\_\_\_

Approved by President \_\_\_\_\_

Available/Not available on above dates

**Assistant Director, IRD, IIUI**