

Template

FORM

- A. Rental of a room, space or area**
- B. Event notification for up to 50 participants**
- C. Event notification for events with more than 50 participants**

A					
ORGANISER <input type="checkbox"/> Organisational unit of the University of Warsaw <input type="checkbox"/> Student/doctoral student organisation <input type="checkbox"/> External unit					
LOCATION (room number)				CONFIRMATION OF RESERVATION	
DATE <i>date and time from – to</i>					
PURPOSE OF RENTAL <i>title and subject of the meeting; form</i>					
INVITED GUESTS <i>names and surnames of guests and their roles</i>	Just write how many guests (no names are necessary) ->			NUMBER OF PARTICIPANTS	
CONTACT DETAILS OF THE PERSON RESPONSIBLE ON THE ORGANISER'S SIDE	Name and surname: your name and surname				
	Telephone			Email	
	Person collecting the keys from the cloakroom: your name and surname				
AUDIOVISUAL EQUIPMENT	<input type="checkbox"/> COMPUTER	<input type="checkbox"/> PROJECTOR	<input type="checkbox"/> SCREEN	<input type="checkbox"/> AUDIO RECORDING	<input type="checkbox"/> MICROPHONE
	<input type="checkbox"/> OTHER				
CATERING SERVICES	Company			Contact	
	<input type="checkbox"/> COFFEE SERVICE		<input type="checkbox"/> SANDWICH SERVICE		<input type="checkbox"/> HOT BUFFET
MEDIA COVERAGE	<input type="checkbox"/> YES.....				<input type="checkbox"/> NO
PAYMENT METHOD	<input type="checkbox"/> PREPAYMENT		<input type="checkbox"/> SINGLE PAYMENT		
	<input type="checkbox"/> QUARTERLY BILL		<input type="checkbox"/> OTHER		
TAX ID NUMBER OR ACCOUNT NUMBER OF THE UNIT					
B					

NUMBER OF EVENT . PARTICIPANTS			
PARTICIPATION OF AUTHORITY REPRESENTATIVES	<input type="checkbox"/> YES		<input type="checkbox"/> NO
ADMISSION TO THE EVENT	<input type="checkbox"/> CLOSED	<input type="checkbox"/> FREE ADMISSION	
	<input type="checkbox"/> OPEN	<input type="checkbox"/> TICKETED	
NATURE OF THE EVENT	<input type="checkbox"/> SCIENTIFIC	<input type="checkbox"/> ENTERTAINMENT	<input type="checkbox"/> SPORTS
	<input type="checkbox"/> INTEGRATION		
	<input type="checkbox"/> OTHER.....		
€			
EVENT SCHEDULE			
UNIT/ENTITY PROVIDING SECURITY/ORDER SERVICES			
NUMBER OF PERSONS			
NUMBER OF PERSONS TRAINED IN FIRST AID AND CRISIS MANAGEMENT:			
MEDICAL SERVICES:	<input type="checkbox"/> YES		<input type="checkbox"/> NO
OTHER RELEVANT INFORMATION			
ADDITIONAL SERVICES			
ATTACHMENTS:	1. <input type="checkbox"/> Opinion of the Health and Safety and Fire Protection Inspectorate.	3.	
	2. <input type="checkbox"/> Copy of the agreement with the external organiser external	4.	

Your name and surname

Date and signature of the person responsible on behalf of the organiser

Stamp and signature of the manager of the unit

Signature of the person issuing the consent

DEADLINE FOR SUBMITTING THE FORM:

1. For events with up to 50 participants – at least 3 days before the start of the event
2. For events with more than 50 participants – at least 2 weeks before the start of the event

Submitting the form **does NOT** automatically **mean** that the room will be rented. Please **do not print invitations or posters or inform anyone about the meeting in any other way** before obtaining consent!

University of Warsaw student organisations **can** rent rooms **free of charge**. The form for renting university rooms must bear **the SEAL AND SIGNATURE of:** the Dean, Vice-Dean for Student Affairs or Manager of the University of Warsaw unit, or a Member of the Management Board in the case of a University of Warsaw Student Organisation.