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| **REPUBLIC OF TURKEY**  **GEBZE TECHNICAL UNIVERSITY**  **Directorate of Health, Culture and Sports**  **Event Form for Student Societies (internal use)** | | | | | | | | | | | | |
| APPLYING STUDENT SOCIETY: | | |  | | | | DATE APPLIED: | | | ESTIMATED NUMBER OF ATTENDING STUDENTS : | | |
| EVENT TYPE | | | ( ) Conference | | ( ) Panel | | | ( ) Talk | | | | ( ) Concert |
| ( ) Trip/Visit | | ( ) Sports Event | | | ( ) Cultural Event | | | | ( ) Exhibition Booth |
| Description:……………………………………………………………………………………………………. | | | | | | | | | |
| DETAILS OF THE INVITEES | | | FULL NAME: | | TITLE: | | | POSITION: | | | INSTITUTION/ORGANIZATION: | |
| EVENT DATE/TIME | | | Start: | | | End: | | | | | Total Number of Days: | |
| EVENT VENUE | | |  | | | EVENT VENUE/HALL SUPERVISOR’S APPROVAL  Full Name:  Signature: | | | | | | |
| SPECIAL REQUESTS FOR THE EVENT | | | ( ) Sound System ( ) Tables ( ) Chairs ( ) Stationary and Printing Services  Other (please specify):…………………………………………………………………………………………………………………. | | | | | | | | | |
| Student Society President    Full Name:    Signature: | | | | Student Society Academic Advisor  Full Name:  Signature: | | | | | Directorate of Health, Culture and Sports Student Societies Committee    Full Name:  Signature: | | | |
|  |  |  | | |  |  |  |  | |  |  | |
| Directorate of Construction and Technical Works  Branch Office of Gardening, Landscaping and Transportation Services  Full Name:    Signature: | | | | Office of Press and Public Relations  Full Name:  Signature: | | | | | Directorate of Administrative and Financial Affairs  Security Services Division  Full Name:    Signature: | | | |

PLEASE NOTE: Applications for any event to be carried out must be made 15 days prior to the event.

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**APPROVED/REJECTED**

**Director of Health, Culture and Sports**