|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| MCST EVENT ENQUIRY FORM |
| This Events Application Form is to be submitted to the Corporate Services Unit at laurasue.mallia@gov.mt |
| Please attach any additional documentation to this Application Form. |
| Please fill in all points (1-9), and ensure that all information submitted is accurate and precise. |

**1. Date of Application: 2. Applicant Organisation: 3. Contact Number**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**4. Event:**

|  |
| --- |
|  |

**5. Date/s and Time of Event/s**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |

**6. Number of persons attending the event/s:**

|  |
| --- |
|  |

**7. Additional room for caterer required?**

|  |  |
| --- | --- |
| **Yes** | **No** |

**8. Other facilities required Yes No**

|  |  |  |
| --- | --- | --- |
| **PA system** |  |  |
| **Projector / screen / laptop /WIFI** |  |  |
| **Flip charts** |  |  |

**9. Additional Information (optional):**

|  |
| --- |
|  |