

**MEDICAL EDUCATION AND AUDIO-VISUAL UNIT,
FACULTY OF MEDICINE, UNIVERSITY OF JAFFNA**

BOOKING FORM: PHOTOGRAPH/VIDEO SERVICE

Name: _____

Contact Information: _____

Date: _____

I would like to book the following service(s) provided by the Medical Education and Audio-Visual Unit:

- 1. ☐ Photography Service
- 2. ☐ Video Service

Please provide the following details:

Event Details: _____

- 1. Event Name: _____
- 2. Event Date: _____
- 3. Event Time: _____
- 4. Event Duration: _____

Location Details:

- 1. Venue Name: _____
- 2. Venue Location: _____

Service Requirements:

- 1. ☐ Photography Coverage (Please specify the number of hours required)
- 2. ☐ Video Recording (Please specify the number of hours required)

Additional Information:

Please provide any additional information or specific requests regarding your photography or video service:

Approval:

I understand that the booking of photography/video services is subject to the approval of the Head of the Department of Medical Education and Audio-Visual Unit. I request his approval for the above-mentioned service(s).

Applicant's Signature: _____

Date: _____

Approval:

Approve the booking of photography/video service as requested above.

Head of the Department's Signature: _____

Date: _____

Please note that all bookings should be made at least 24 hours before the event. Submit the completed booking form to the Medical Education and Audio-Visual Unit. You will be notified regarding the availability and confirmation of services.