



المركز الوطني للعلاج الفيزيائي  
National Institute of Physiotherapy

## **Space Booking Request Form for a Professional Development Activity**

Please fill out the following information to request a space booking for the Professional Development Activity at NIP.

### **I. Contact Information:**

Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **II. Activity Information:**

Professional Development Activity Title: \_\_\_\_\_

Date(s) and Time(s) of the Activity: \_\_\_\_\_

Duration of the Activity (in hours): \_\_\_\_\_

Number of Participants: \_\_\_\_\_

### **By submitting this form, I acknowledge and agree to the following:**

- I understand that the space booking is subject to availability and confirmation from NIP.
- I agree to comply with all the rules, regulations, and policies of NIP during the Professional Development Activity.
- I understand that any damage caused to the venue or equipment during the activity will be my responsibility.
- I understand that catering services and coffee breaks preparations are my responsibility.
- I agree to make the necessary payment as per the pricing and payment terms provided by NIP.
- Please review the information you have provided before you fill in the form. Once submitted, our team will review your request and get back to you regarding the availability and confirmation of your spot booking for the Professional Development Activity at NIP.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_