

FM-163

UNIVERSITY FUNCTION – EXTERNAL GUESTS/ REPRESENTATIVES/SPONSORS/EXHIBITORS ON UNIVERSITY GROUNDS

1.	Business Name of Representative/Sponsor/Exhibitor: Contact Name: (Please print)				
	Nature of Sponsorship/Exhibit:	(Please			Mobile:
	Are charges involved:	Yes		No	
	Please give details:				
2.	Business Name of Representative/Sponsor/Exhibitor: Contact Name: (Please print)				
	Nature of Sponsorship/Exhibit:	(Please	nive detaile)		Mobile:
	Are charges involved:	Yes		No	
	Please give details:				
3.	Business Name of Representative/Sponsor/Exhibitor: Contact Name: (Please print)				
	Nature of Sponsorship/Exhibit:	(Please	Telephone:		Mobile:
	Are charges involved:	Yes		No	
	Please give details:				
4.	Expected number of External Guests (not representing a Business /Sponsor/Exhibit)				
	Are charges involved:	Yes		No	
	Please give details:				
	r that a background check has been co /Representatives/Sponsors/Exhibitors				
	ove External Guests/Representatives/ niSA WHS policies and procedures.	Sponsors/E	Exhibitors have been ma	ade aware of, and u	nderstand they are obliged to compl
	General Manager/Unit Manager Name				Signature
	If there is insufficient space pro Guests/Repres		se complete an additions Sponsors/Exhibitors on L		

PLEASE ATTACH AND SUBMIT WITH THE FM-153 STAFF FUNCTION APPROVAL FORM TO THE RELEVANT FM ASSIST OFFICE

Dislcaimer: