



TUNKU AZIZAH KNOWLEDGE CENTRE  
IBRAHIM SAAD LEARNING HUB

DISCUSSION ROOM BOOKING FORM

Time-in:

Time-out:

Date use:

Room No. :

Applicant Information

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

ID No. : \_\_\_\_\_

Course: \_\_\_\_\_ Tel. No: \_\_\_\_\_

No. of persons in room: \_\_\_\_\_

Booking on (date): \_\_\_\_\_ Purpose of booking: \_\_\_\_\_

*\*\* Please be informed that all bookings will be cancelled if you did not turn up within 15 minutes.*



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