



## New Cairo Faculty Housing guest apartment reservation form

Requester Full Name :

Guest Full Name \*\*:

Event Name \*\* :

Title or Position:  AUC Department Name:

Email address:  Telephone Extension:

Mobile Number :

Arrival Date:  Departure Date:

Number of Adults:  Number of Children:  Method of Payment:

Requester signature:

VP for Management and Operation signature \*:

Provost signature \*:

\* For guests of AUC departments' approval is required either from the VP for Management and Operation or the Provost, as appropriate.

\*Guests of AUC faculty should be approved by the Provost.

\*Guests of AUC staff should be approved by the VP for Management and Operation.

\*\* To be filled in case of guests of staff / faculty / AUC department