



# UNIVERSITY OF EDUCATION, WINNEBA

## DIVISION OF PUBLICATIONS AND COMMUNICATION

### MONTHLY EVENTS COVERAGE REQUEST FORM

Name of Applicant: .....

Faculty/School/Institute/Department/Section/Unit:.....

Month.....

NO.	NATURE OF EVENT	TYPE OF COVERAGE NEEDED (Please Tick)	DATE(S) FOR EVENT	TIME & DURATION	VENUE
		News reporting <input type="checkbox"/> Photography <input type="checkbox"/> Videography <input type="checkbox"/>			
		News reporting <input type="checkbox"/> Photography <input type="checkbox"/> Videography <input type="checkbox"/>			
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		News reporting <input type="checkbox"/> Photography <input type="checkbox"/> Videography <input type="checkbox"/>			

.....  
SIGNATURE OF APPLICANT

Date.....



UNIVERSITY OF EDUCATION, WINNEBA  
DIVISION OF PUBLICATIONS AND COMMUNICATION  
**CONFERENCE/WORKSHOP ATTENDED**

Name of Participant: ..... Presenter:.....

Faculty/School/Institute/Department/Section/Unit:.....

NO.	NAME OF CONFERENCE/ WORKSHOP	NAME OF PARTICIPANT(S)	ORGANISED BY	START DATE AND END DATE	VENUE

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**SIGNATURE OF APPLICANT**

Date.....