



**Shaw College**  
**The Chinese University of Hong Kong**  
**Booking Application Form**

Ref : \_\_\_\_\_

Fax: 2603 5427 (Please read the **Guidelines and Regulations** before completion)

(Please ✓ the appropriate boxes)

**Event Name:** \_\_\_\_\_

**Event Date:** \_\_\_\_\_ **Time :** \_\_\_\_\_

**Nature of Event:**     Lecture / Seminars                       Ceremony / Presentation                       Variety Show                       Tea Reception  
 Meeting     Other (please specify: \_\_\_\_\_)  
 Is the function open to public?    Yes / No                      Admission Fees:\$ \_\_\_\_\_                      No. of Users: \_\_\_\_\_

Venue	Facilities
Fu Zung Centre	<input type="checkbox"/> Fu Zung Centre <input type="checkbox"/> Wired Microphone (Max: 1 unit)
Wen Lan Tang	<input type="checkbox"/> Board Room (LG202) <input type="checkbox"/> Wireless Microphone (Max:2 units)
	<input type="checkbox"/> Multi-purpose Room (LG201) <input type="checkbox"/> Multi-purpose Room (LG403) Not applicable
	<input type="checkbox"/> Multi-purpose Room (LG502) <input type="checkbox"/> Projector and Projector Screen <input type="checkbox"/> Wireless Microphone (Max:2 units)
	<input type="checkbox"/> Multi-purpose Room (LG601) Not applicable
Multi-Purpose Learning Centre	<input type="checkbox"/> Multi-purpose Learning Centre (G/F) <input type="checkbox"/> Projector and Projector Screen <input type="checkbox"/> Wireless Microphone (Max:2 units)
	<input type="checkbox"/> Meeting Room (LG/F) <input type="checkbox"/> TV
<input type="checkbox"/> AV technician support (Timeslot: _____)	

**Additional Equipment**

Item	Quantity
Microphone Floor Stand	
Microphone Table Stand	
Chair (Plastic / aluminum )	

Item	Quantity
Table (2'x6')	
Table (3'x6')	
Others (please specify):	

**Applicant's Information:**

Department / Unit / Organization:	Endorsed by Office of Student Affairs / College Dean of Students Office (not applicable for Shaw College Student Union & Organizations):  Name : _____ Date : _____	
Contact Person:		Tel: _____
Student / Staff ID:		Fax: _____
Email address: _____		
Correspondence address: _____		
<b>I hereby declare that :</b> <input type="checkbox"/> I have read and agreed to comply with the Guidelines & Regulations. <input type="checkbox"/> I shall comply and remind all users to comply with the guidelines and regulations of infection control measures.		
Date : _____	(Official Seal & Signature)	

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**For Office Use Only:**

Booking Accepted                       Technical Support Approved                       Booking Rejected (reasons): \_\_\_\_\_

Processed by : \_\_\_\_\_ Date : \_\_\_\_\_                      Endorsed by : \_\_\_\_\_ Date : \_\_\_\_\_  
 Deposit/Charge : \$ \_\_\_\_\_ Date : \_\_\_\_\_                      Handled by : \_\_\_\_\_ Receipt: # \_\_\_\_\_  
 Refunded : \$ \_\_\_\_\_ Date : \_\_\_\_\_                      Handled by : \_\_\_\_\_