

APPLICATION FORM FOR RENTING VENUE AND FACILITIES

INFORMATION OF APPLYING ORGANIZATION						
Name						
Address						Fax
Person in charge		Day time Telephone No.		Email		
Contacted person		Day time Telephone No.		Email		
Note: Before applicants use the innovative technology education platform for exhibition activities, please read carefully the rules and instructions for the use of the "Innovative Technology Education Platform" of the Centre of Educational Resources.						
ACTIVITIES						
NAME					Target	
Types	<input type="checkbox"/> Meeting <input type="checkbox"/> Lecture <input type="checkbox"/> Exhibition <input type="checkbox"/> Party <input type="checkbox"/> Competition <input type="checkbox"/> Practice <input type="checkbox"/> Others (Please specify) _____					
Aim/Purpose					Expected Number of participants	
VENUE TO BE RENTED						
Location of venue						
FACILITIES TO BE RENTED						
Location of the facilities						
DURATION OF RENTING				RESERVED FOR THE DSEDJ		
Month	Date/Day of the week	Time	Air-condition	Number of hours x the rent	Extra charge for air-condition *	Total
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
Other request						

* Certain venues require extra charge for air condition; please refer to the relevant rules.

Date _____
 Year Month Day Signature of the person in charge and seal

RESERVED FOR THE DSEDJ			
<input type="checkbox"/> Your organization can use the venue/facilities for the above purpose within the circled time.			Signature and date Responsible officer
<input type="checkbox"/> Approved	Venue <input type="checkbox"/>	Facilities <input type="checkbox"/>	
<input type="checkbox"/> Sorry for not being able to provide the venue/facilities for your organization. Reasons _____			Approver