

The Hong Kong University of Science & Technology Academic Registry

Booking Form for KT30 at the Millennity

(Please tick the appropriate box)	
New Booking	Amendment Cancellation
Information of Applicant:	
UGC Funded Event	Non-UGC Funded Event
Department/Office/Organization:	
Name of the Applicant:	
Position:	Email:
Office Tel No.:	Mobile No.:
Details of Booking:	
Name of Event:	Time of Event:
Name of Event:	Time of Event:
Name of Event: Date of Event: Nature of Event (Please tick the approp	Time of Event:
Name of Event: Date of Event: Nature of Event (Please tick the approp	Time of Event:
Name of Event: Date of Event: Nature of Event (Please tick the approp	Time of Event: briate boxes): Meeting Workshop Social or Cultural Activities
Name of Event: Date of Event: Nature of Event (Please tick the approp	Time of Event: briate boxes): Meeting Workshop Social or Cultural Activities
Name of Event: Date of Event: Nature of Event (Please tick the appropriate of Event) Seminar	Time of Event: briate boxes): Meeting Workshop Social or Cultural Activities

Venue Requirement of Booking:

Booking Confirmed Date: _____

A. Rooms:

Room Type	Capacity	Requirement (please "✓" as appropriate)
Classroom #1	80	(pieuse - us appropriate)
Classroom #2	80	
Classroom #3	101	
Classroom #4	96	
Classroom #5	90	
Lounge	100	
Meeting Rooms (#1-4)	8 each	
Entire Venue	450	

B. Additional Equipment:	Max Qty	Qty Req'd		
a) Wired microphones	2			
b) Wireless microphones	2			
c) Portable Amplifier	1			
C. Special Request (please "\sqrt{"}" only if the following is required)				
Removal of the partition between Classroom #3 and the lounge is required.				
(If this box is checked, both Classroom #3 and the Lounge in Section A above should be checked simultaneously.)				
Confirmation:				
 By signing this booking form, the applicant has read through the Booking Guidelines of KT30 at the Millennity and agrees to confusing the venue once the booking is confirmed. The applicant agrees to pay all charges related to the booking 	omply with the	· ·		
Signature of Applicant:	Date:			
Approved by*:				
Name of Approver: Position:	-			
Signature of Approver:				
*The above booking must be approved by the Head or Director of the applicant's Department or Office.				
<u>For Official Use</u> Re	f. no			
Form Received Date: Ha	ndled By:			
Booking Status:	Pending for A	dditional Information		

Remarks: