

Chelsea Heights Exhibition / Promotion Venue Application Form

Details of Proposed Event

Official Name of Event (in English) _____

(in Chinese) _____

Venue(s) 1. _____ 3. _____

2. _____ 4. _____

Date(s) of Event : 1st preference _____ 2nd preference _____

Time of Event _____

- Nature of Event
- | | |
|--|--|
| <input type="checkbox"/> Exhibition | <input type="checkbox"/> Games stall |
| <input type="checkbox"/> Sales Exhibition | <input type="checkbox"/> Charity Sale |
| <input type="checkbox"/> Exhibition cum Ceremony | <input type="checkbox"/> Fund Raising Activity _____ |
| <input type="checkbox"/> Ceremony | <input type="checkbox"/> Sale of Raffle Ticket |
| <input type="checkbox"/> Ceremony cum Variety Show | <input type="checkbox"/> Flag Selling |
| <input type="checkbox"/> Carnival | <input type="checkbox"/> Others _____ |
| <input type="checkbox"/> Stage Performance _____ | (Please specify) |
- (Please specify, eg. debate, seminar, fashion show, variety show etc.)**

Products / Theme to be displayed / promoted _____

Format of Event (Any special activities such as distribution of samples/literature must be clearly stated)

Any cocktail receptions be held Yes, Date and Time _____ No

Number of personnels to be deployed to control the event _____

Name of security company covering the event (if any) _____

Details of any pre-event publicity (e.g. press, radio, TV, leaflet, banner) _____

Co-organizer / Sponsor (if any) _____

Particulars of Exhibitor

Name of Organization/Company (in English) _____

(in Chinese) _____

- Nature of Exhibitor
- | |
|--|
| <input type="checkbox"/> Commercial Organization |
| <input type="checkbox"/> Government Department |
| <input type="checkbox"/> Charity / Social Service Group (Please attach relevant documents) |
| <input type="checkbox"/> Non-profit making Organization but of no charity nature (Please attach relevant documents) |
| <input type="checkbox"/> Institute |
| <input type="checkbox"/> Others (Please specify) _____ |

Business Registration No. _____

Office Address _____

Name of Applicant (in English) _____ (in Chinese) _____

Contact Person _____

Position Held _____

E-mail Address (if any) _____

Telephone No. _____ Fax. No. _____

Pager / Mobile _____

Particulars of PR / Advertising Agency (if any)

Name of Agency (in English) _____

(in Chinese) _____

Address : _____

Contact Person (in English) _____ (in Chinese) _____

Position Held _____

Email Address (if any) _____

Telephone No. _____ Fax. No. _____ Pager/Mobile _____

Facilities & Equipment Required

Items and Quantity

- | | |
|-------------------------|--------------------------|
| 1. Display boards _____ | 5. Lighting system _____ |
| 2. Tables _____ | 6. Stage _____ |
| 3. Chairs _____ | 7. Power supply _____ |
| 4. P.A. system _____ | 8. Others _____ |

The applicant _____ confirms that the information herein is true and correct and agrees to be bound by the terms and conditions of the use of venues as laid down by the Landlord.

Signature of Applicant with
Organization/Company Chop

Date

This form and all correspondence should be faxed to Chelsea Heights Management Office (Tel: 2468 2488, Fax: 2468 2487) at least 3 months prior to the proposed event commencement date.