



Application for Booking Meeting Rooms and Facilities

Name of Applicant: _____ Position Held: _____
(in block letters)

Organization: _____
(in full name)

Address: _____

Tel: _____ Email: _____

Category of Hirer (Please tick):

Member of the Federation of Medical Societies of Hong Kong

Non-Member of the Federation of Medical Societies of Hong Kong

Purpose for Room Reservation: _____

Venue	Date	Time		FOR OFFICIAL USE ONLY	
		From	To	Charge per hour	Amount of hire charges
Multifunction Room (Max. 30 persons)					
Council Chamber (Max. 20 persons)					
Lecture Hall (Max. 100 persons)					

Equipment	Date	Time		FOR OFFICIAL USE ONLY	
		From	To	Charge per session	Amount of hire charges
Projector with Screen				\$600	
Microphone system (2 pcs - Microphone)				\$100 per hour, minimum 2 hours	
Laser-pointer				FREE	

Total Amount:

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Date

Signature

Company Chop