



**Application for Booking Meeting Rooms and Facilities**

Name of Applicant: \_\_\_\_\_ Position Held: \_\_\_\_\_  
(in block letters)

Organization: \_\_\_\_\_  
(in full name)

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

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 I (15 persons)					
Council Chamber (20 persons)					
Lecture Hall (100 persons)					
Equipment	Date	Time		FOR OFFICIAL USE ONLY	
		From	To	Charge per session	Amount of hire charges
LCD Projector (with Screen)				\$500	
Microphone system				\$50 per hour, minimum 2 hours	
Laser-pointer				FREE	
<b>Total Amount:</b>					

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Company Chop