

<b>For Official Use Only</b>
<b>Submission Date:</b> /     /
<b>Ref.:</b> BF11-

To: CUHK JC MISS Centre

Address: 3/F., Li Ka Shing Specialist Clinic (North Wing), PWH

Fax: 2632 4708/ E-mail: info@hkmisc.org.hk

## **The CUHK Jockey Club Minimally Invasive Surgical Skills Centre**

### **Booking Form**

#### **Event Details**

*(Please enclose the promotional material & programme of the event)*

Official Name of Event: \_\_\_\_\_

Event Nature *(Please check the appropriate box):*

- Meeting      Seminar      Workshop      Course      Training      Research  
 Other (Please Specify) \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Time: \_\_\_\_\_

Organiser: \_\_\_\_\_

Nature of Organiser *(Please check the appropriate box):*

- Department of Surgery, CUHK      Faculty of Medicine, CUHK  
 Non-profit Making Organisation      Commercial Organisation

Co-organiser: \_\_\_\_\_

Expected no. of Participants: \_\_\_\_\_ Expected no. of Speakers: \_\_\_\_\_

#### **Applicant Information** *(\* Delete as appropriate)*

Name of Applicant: Prof./Dr./Mr./Ms.\* \_\_\_\_\_

Position: \_\_\_\_\_ Organisation: \_\_\_\_\_

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

Contact Person *(if varies from the Applicant):* Prof./Dr./Mr./Ms.\* \_\_\_\_\_

Telephone no.: (Office) \_\_\_\_\_ (Pager/Mobile) \_\_\_\_\_

Fax no.: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Booking Details

### a) Venue

Venue	Date	Time	Qty (Please check appropriate box)	Charge (HK\$)
Seminar Room <sup>1</sup>				
Surgical Skills Laboratory <sup>2</sup>			<input type="checkbox"/> the laboratory	
			<input type="checkbox"/> _____ table(s)	
Microsurgical & Endoscopic Skills Laboratory			<input type="checkbox"/> the laboratory	
			<input type="checkbox"/> ____ workstation(s)	
Simulated Operating Theatre				
Virtual Reality Laboratory				
(a)Sub-total (HK\$)				

### b) Staff cost<sup>3</sup>

Staff	Date	Time	Office hour	Non-office hour	Charge (HK\$)
Administration					
Technician					
Workman					
(b)Sub-total (HK\$)					

Please specify your requirements of the staff support:	Remarks (Official use only)

### c) Refreshment

Service	Date	Serving time	No. of persons	Charge (HK\$)
Tea/Coffee				
Tea Break (Drinks and Snacks)				
Tea Break (Deluxe)				
Lunch Buffet				
(c)Sub-total (HK\$)				

<sup>1</sup> Use of seminar room is on a first-come-first-served basis. Priority will be given to the paid user. The Centre reserves the rights for the final arrangement.

<sup>2</sup> Booking of Surgical Skills Laboratory should be made at least two months in advance.

<sup>3</sup> Hiring of Centre staff is required during the period of use. However, if the event is served by the Conference Team, Surgery Department, CUHK, service charge for the administration staff will be waived.

**d) Additional Equipment**

Items	Qty	Charge (HK\$)
Slide Presentation - Single Slide projection - Double Slide projection		FREE
PowerPoint Presentation		FREE
Internet Broadcast on MIS web site		FREE
Desktop Computer (w/ Internet connection) (limited in supply)		FREE
Video Recording (Tape and other storage media not included)		
Teleconferencing Equipment		
OT Demonstration		
Simultaneous Translation System - Transmitter - Receiver		
Polling System in Seminar Room		FREE
Photocopy and Printing Service		
(d)Sub-total (HK\$)		

**e) Exhibition Booth**

Products/Theme to be exhibited	Date	Time	Qty	(e)Sub-total (HK\$)

**f) Move-in, Move-out and Rehearsal**

Activity	Date	Time	Charge (HK\$)
Move-in			
Move-out			
Rehearsal			
(f)Sub-total (HK\$)			

**g) Other requirements**

Please specify:	Remarks (Official use only)

<b>GRAND TOTAL (HK\$):</b>	
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**50% deposit** **HK\$** \_\_\_\_\_

Attachment *(Please check appropriate box)*

Cheque made payable to "The Chinese University of Hong Kong"

"Interdepartmental transfer form" of CUHK

**Outstanding payment:** **HK\$** \_\_\_\_\_

**To be settled by:** \_\_\_\_\_

**Undertaking**

I/We hereby apply for the hire of specified facilities within the CUHK Jockey Club Minimally Invasive Surgical Skills Centre and confirmed that I read, understood and accept the charging policy and the "Terms and Conditions of Hire". I/We shall ensure the observance of and performance by myself/ourselves, my/our servants and agents, and all other persons admitted to the Centre or venue hired in reference to meeting the Terms and Conditions of Hire, and shall indemnify the University against all loss or damage arising from any breach of this term. I/We shall also fully abide by the "Payment Policy" and "Cancellation Policy" stated in the "Terms and Conditions of Hire".

This booking of facilities is on behalf of \_\_\_\_\_ (name of organiser),  
from whom I have the authority to sign this booking application.

Signature of Authorized Person and  
Company Chop:

HKID/Passport No. of Authorized Person: \_\_\_\_\_

Name of Authorized Person \_\_\_\_\_

in BLOCK LETTER: \_\_\_\_\_

Date: \_\_\_\_\_

*\*Special discount not applicable to non-office hours.*