

For use by Communications Museum	
Opinion:	Approval:
Ref.no: N <sup>o</sup> : RU _____ - _____	Date: _____ d/ _____ m/ _____ y
Total amount: MOP _____	Handled by: _____

**Important:** Signing and submitting this application form means the applicant agrees to and accepts the ***Regulations of Facilities Lease of Communications Museum*** and bears the related responsibilities. In addition, the applicant also allows Communications Museum to use the submitted information for statistics and service coordination purposes.

#### I. Organization / Company

Name:	Responsible:
Address:	Department:

#### II. Activities

Event:	Type: <input type="checkbox"/> Meeting <input type="checkbox"/> Seminar/Forum <input type="checkbox"/> Training
Date: _____ d/ _____ m/ _____ y/	<input type="checkbox"/> Ceremony/PressConf. <input type="checkbox"/> Others:
Time: From _____ To _____	No. Participants: _____ ; Age: <input type="checkbox"/> <18 / <input type="checkbox"/> Adult

#### III. Venue & Facilities

<input type="checkbox"/> Auditorium <input type="checkbox"/> Multi-function Rm	simultaneous Interpretation Equipment:
<input type="checkbox"/> Temporary Exhibition Gallery	<input type="checkbox"/> Yes, _____ set of headphones / <input type="checkbox"/> No
Technician: <input type="checkbox"/> Yes, _____ technicians / <input type="checkbox"/> No	Others:

#### IV. Contact Person

Name:	Fax:
Tel:	Email:
Applicant <input type="checkbox"/> <i>wants</i> / <input type="checkbox"/> <i>does not want</i> to receive promotional information from the Museum in the future	
Date: _____ d/ _____ m/ _____ y/	Signature of Applicant & Company Chop: