

# K-Point 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 : 1<sup>st</sup> preference \_\_\_\_\_ 2<sup>nd</sup> 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 _____   | <b>(Please specify)</b>                              |
- (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 <b>(Please attach relevant documents)</b>                          |
| <input type="checkbox"/> Non-profit making Organization but of no charity nature <b>(Please attach relevant documents)</b> |
| <input type="checkbox"/> Institute   |
| <input type="checkbox"/> Others <b>(Please specify)</b> _____  |

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 \_\_\_\_\_

4. Power supply \_\_\_\_\_

2. Tables \_\_\_\_\_

5. Others \_\_\_\_\_

3. Chairs \_\_\_\_\_

**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 K-Point Management Office (Tel: 2450 0101, Fax: 2404 1163) at least 3 months prior to the proposed event commencement date.**