

To: Retail Marketing & Promotions Dept.

Date: _____

Attn: _____

Fax: 2271-4163

From: _____ (*Mr. / Ms. / Mrs.)

Tel: _____

Fax: _____

Application Form For Rental of Exhibition/Promotion Venue
Olympian City 1

Particulars of Exhibitor

Name of Organization/ Company (in English): _____

(in Chinese): _____

Nature of Exhibitor

- Commercial Organization
- Government Department
- Charity/ Social Service Group (please attach relevant document)
- Non-profit making organization but of no charity nature (please attach relevant document)
- Others (please specify) _____

Business Registration No.: _____

Office Address: _____

Name of Applicant (in English): _____

Tel: _____

Position Held: _____

Fax: _____

Pager/ Mobile: _____

E-mail Address: _____

Details of Proposed Event

Official Name of Event (in English): _____

(in Chinese): _____

- * Exhibition Venue:**
- (Please choose one)
- Olympian Hall, U/G (Whole Venue)
 - Olympian Hall, U/G (Half Venue)
 - Olympian Corridor, 1/F (Outside Shop 106)
 - Others: (Pls specify) _____

Preferred Exhibition Period: _____

- Nature of Event:**
- Exhibition (Product Promotion, no sales involved)
 - Sales Exhibition
 - Variety Show
 - Carnival
 - Stage Performance: _____
(please specify: Debate, seminar, fashion show, variety show etc.)
 - Charity activity (please specify): _____
 - Others (please specify): _____

Products/ Theme to be promoted or displayed: _____

Any special activities to be held in conjunction with the above said event:

- Distribution of Samples
- Distribution of printing materials
- Others (please specify): _____

Number of personnel to be deployed to control the event: _____

Name of security company covering the event (if any): _____

Details of any pre-event publicity (eg. press release, radio, TV, leaflet, banner, advertisement)

Particulars of PR/Advertising Agency (if any)

Official of Agency

(in English): _____ (in Chinese) _____

Address: _____

Contact Person (in English): _____ Tel: _____

Position Held: _____ Fax: _____

Pager/ Mobile: _____ E-mail Address: _____

Facilities & Equipment Required (Please tick or specify quantity required)

Item	Quantity
<input type="checkbox"/> Table with skirting	
<input type="checkbox"/> Folding chair	
<input type="checkbox"/> Stage platform (4'W x 8'L)	
<input type="checkbox"/> Folding tent (3M x 3M)	
<input type="checkbox"/> Connecting tent (2M x 2M)	

Item	Quantity
<input type="checkbox"/> P.A. System (4 microphones)	
<input type="checkbox"/> Power supply (13Amp)	
<input type="checkbox"/> Overnight illumination	
<input type="checkbox"/> Carpet	
<input type="checkbox"/> P.A. System	

Note:

1. The Licensor has absolute discretion to accept or refuse any application.
2. Licensee shall promote the specified business in the specified format as approved by the Licensor. Or Licensor shall cease operation of exhibition without notice and no licence fee shall be refunded.
3. Licensee shall read the "**House Rules**" thoroughly and pls call us at 2397-3636 for details. The Licensor reserves the right to alter or cancel any approved applications should the Licensee fail to comply with the rules.

The applicant_____ confirms that the information herein is true and correct and agrees to be bounded by the terms and conditions of the use of venues as laid down by the Licensor.

Signature of Applicant with
Company Chop

Date

This form should be sent or faxed to the following office **at least 1 month** prior to the proposed event commencement date.

Address: **Olympian City 1 Management Company Limited**
Promotions Department,
Shop 52A, Ground Floor, Olympian City 2,
18 Hoi Ting Road, West Kowloon, Hong Kong.
Tel: 2397-3636
Fax: 2271-4163

<u>Management Approval (For Office Use Only)</u>	
Licence Fee:	
Administration Fee:	
Other Charges:	
Total Amount:	
Confirmed & Accepted by:	
Signature:	Date:

To: Promotions Dept.

Date:

Fax: 2271-4163

From:

(*Mr. / Ms. / Mrs.)

Exhibition Information Form

For better co-ordination with your exhibition, please fax the completed form to Promotions Department **one week prior** to the first exhibition day.

Exhibition Title:			
Exhibition Date:			
Exhibition Time:			
Exhibition Venue:			
Move-in Time:			
Move-out Time:			
Company Name:			
Contact Person:		Title:	
Tel:	(during office hours)		(after office hours)
Fax:			
Email address:			
Signature: (with company chop)			

*** Attached the rundown / floor plan**