

**Minimal Access Surgery Training Centre
Application for Venue Booking**

Please complete and send this application to:

Minimal Access Surgery Training Centre
Pamela Youde Nethersole Eastern Hospital
3 Lok Man Road, Chai Wan, Hong Kong
(Tel: 2595 6060 Fax: 2505 7101)

Hosting Department / Organization:			
Event / Workshop title:			
Date & Time of Event / Workshop:			
Scope:	<input type="checkbox"/> Local	<input type="checkbox"/> International	<input type="checkbox"/> Course fee applicable
Expected no. of participants:			
Format:	<input type="checkbox"/> Lecture	<input type="checkbox"/> Hands-on practice	<input type="checkbox"/> Live demonstration, video-conferencing
Venue:	Lecture Room 1	<input type="checkbox"/>	
	Lecture Room 2	<input type="checkbox"/>	
	EndoLap OR Training Room	<input type="checkbox"/>	
	Endoscopy Simulation Training Room	<input type="checkbox"/>	
	Cyber Café	<input type="checkbox"/>	
Exhibition Booths (if any):	<input type="checkbox"/>	(Quantity: _____)	
Audio-Visual Support:	<input type="checkbox"/>	(Details: _____)	
Event Management Service:	<input type="checkbox"/>	(e.g. registration, reception)	
Printing & Production:	Poster	<input type="checkbox"/>	(Quantity: _____)
	Banner	<input type="checkbox"/>	(Quantity: _____)
	Training Manual	<input type="checkbox"/>	(Quantity: _____)
	Certificate	<input type="checkbox"/>	
	Name Badge	<input type="checkbox"/>	
	Evaluation Form	<input type="checkbox"/>	
	Souvenir for invited speakers	<input type="checkbox"/>	(Quantity: _____)
Catering Service:	Breakfast	<input type="checkbox"/>	
	Tea	<input type="checkbox"/>	(Quantity: _____)
	Lunch	<input type="checkbox"/>	
Reservation of Guest Car Park:	<input type="checkbox"/>	(Quantity: _____)	

HKEC Training Centre for
Healthcare Management & Clinical Technology

3 Lok Man Road, Chai Wan, Hong Kong 香港柴灣樂民道三號

Full Name of Contact person:	
Contact No.:	
Email Address:	
For Official Use Only	
Application Approved / Rejected Reason:	
Full Name & Signature / Date	_____