

To: Retail Marketing & Promotions Dept.

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

Attn: \_\_\_\_\_

Fax: \_\_\_\_\_

From: \_\_\_\_\_ (\*Mr. / Ms. / Mrs.)

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

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

### 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: \_\_\_\_\_

Connected Transaction of Sino Group:  Yes  No

### Details of Proposed Event

Official Name of Event (in English): \_\_\_\_\_

(in Chinese): \_\_\_\_\_

#### **Olympian City 1**

#### **Olympian City 2**

**\*Exhibition Venue**  
(Please choose one)

- |                                                                                     |                                                            |
|-------------------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Event Hall, UG/F (Whole Venue)                             | <input type="checkbox"/> Central Atrium, G/F (Whole Venue) |
| <input type="checkbox"/> Event Hall, UG/F<br>(Half Venue, Left, near Café de Coral) | <input type="checkbox"/> Central Atrium, G/F (Half Venue)  |
| <input type="checkbox"/> Event Hall, UG/F<br>(Half Venue, Right, near Arome Bakery) | <input type="checkbox"/> Event Hall, G/F                   |
| <input type="checkbox"/> Other area, please specify _____                           | <input type="checkbox"/> Other area, please 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) (for OC1)	
<input type="checkbox"/> Stage platform (6'Wx 8'L) (for OC2)	
<input type="checkbox"/> Folding tent (2M x 2M)	

Item	Quantity
<input type="checkbox"/> Power supply (13Amp)	
<input type="checkbox"/> Power supply (30Amp 3 phase)	
<input type="checkbox"/> Power supply (60Amp 3 phase) (for OC2)	
<input type="checkbox"/> Overnight illumination (for OC2)	
<input type="checkbox"/> Others (Pls specify)	

**Note:**

- The Licensor has absolute discretion to accept or refuse any application.
- 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 license fee shall be refunded.
- 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

To: Promotions Dept.

Date:

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**