

THE UNIVERSITY OF HONG KONG Kadoorie Centre

Lam Kam Road, Shek Kong, Yuen Long New Territories, Hong Kong

Tel: (852) 2488 5011 Fax: (852) 2488 5285

E-mail 電郵: kcbook@hku.hk Website 網址: www.kc.hku.hk

育港大學 嘉道理中心 香港新界元朗石崗林錦路 電話: (852) 2488 5011 傳直: (852) 2488 5285

Revised on 15 Mar 24

## KADOORIE CENTRE RESERVATION REQUEST FORM

(All requests are subject to further confirmation) Purpose for visiting Kadoorie Centre: 

Academic or Research ☐ Education Nature of Event: Event Title: Total No. of Persons: (Please send the name list to kcbook@hku.hk at least 1 month before the check-in date) Name of Organization: Chinese: Address: Name of Applicant (Mr / Ms/ ): Credit Card Expiry Date : HKU (Gold/Platimum) Credit Card (Last four digit): HKU Staff No.: Fax: Email: Mobile No.: Contact No.: Date of Arrival: Date of Departure: nights) A. Accommodation required (Check-in time: 2:00-4:00pm; Check-out time: before 11:00am) 6 persons No. of rooms (total:10 rooms) [1] Dormitory rooms Female Male 2 persons; 1 double bed No. of rooms (total: 2 rooms) Female Male [2] Guest Room 2 persons; 2 single beds Male No. of rooms (total: 2 rooms) rooms Female [3] Deluxe 5 persons No. of rooms (total:6 rooms) Female Male Guest Room Male 3 persons No. of rooms (total:6 rooms) rooms Female 2 persons with kitchen No. of rooms (total:2 rooms) rooms Female Male 2 hedrooms with 2 heds [4] Guest Suite No. of suites (total:2 suites) ☐ Kadoorie (LKH) ☐ Youde (LYH) for 4 persons + sitting room [5] Additional beds B. Facilities required (Time slot: 2:00pm-11:00am next day or 9:00am-5:00pm) Hall 150 people Date/Time: Seminar Room 100 people Date/Time: From То Equipment required: ☐Audio-visual facilities □Microphone □Projector Remarks: C. Declaration We will comply with all regulations/conditions set out for the use of the Centre, and will take full responsibility in the event of any violation of the regulations/conditions and any accident. **Signature of Applicant Chop of Department / Organization** Date D. For official HKU departmental function only I certify that the above application is a HKU departmental function and the total charges are to be made against departmental account. **Signature of Department Head** Name of Department Head **Date** For KC Office Use Only □Bank Pay-in-slip Memo # Total \$ P.A. # Date: Ref. Receipt # □Cheque ☐Bank Pay-in-slip Ref Memo # Total \$ Receipt # P.A. # Date: □Cheque

■ In case of any dispute, the Centre reserves the right to make the final decision.

□Bank Pay-in-slip

□Cheque

Under the Hong Kong Personal Data (Privacy) Ordinance, your personal data provide in this form will be used for the above purpose. For enquiries, please contact us at 2488 5011.

(SR) \$

Receipt #

Total \$

(Others) \$