AUDIO VISUAL SERVICES UNIT TECHNICAL SET-UP SERVICE FORM

TEL: 3943 6059 FAX: 2603 5301

								FOR OFF	ICE USE ONLY		
								Ioh No:			
								300110.			
Name of Applicant: Da								Date :			
	ock Letters)										
Department:			A	Address:			:		Date:		
1.	Date and time of use										
	Date: from am/p							to	am/pm	.	
2.	Name of Event:	_								_	
3.	Venue:										
4.	Description of service required:										
5.	Equipment required: Indicate the type(s) and no(s). of equipment required.										
	P. A. System			Portable Screen				Othe	rs/Accessories]	
	Portable P. A.			Portable LCD Video Projector				_			
	Microphone (Wire) Microphone (Wireless) Mic Stand (Floor)			Conference Microphone Video Conference Camera Wireless Presenter							
								4			
								-			
	Mic Stand (Table) Audio Recording			CD/DVD/Blu-ray Player Technician Stand-by □ No / □ Yes Tim					to		
6.	6. Account code for the related operation charge for this booking, if booking is accepted. Company Code										
	Cost Ctr/Project/										
	Business Area Code			Compulsory fie				elds			
	Account Code										
 Remarks: 1. Hourly rate for technician's stand-by and support service charge is HK\$410/technician, including equipment set-up, testing, pre-function rehearsal and technician's stand-by and support. Off-hour service will be charged in accordance with the University established policy. Related details are to be finalized and submitted to the Finance Office on/before 15th day of the following month for processing overtime allowance. There is no guarantee that each off-hour request can be accommodated. Requests for such services should be made at least SEVEN working days in advance. 											
A	pplicant Signature							Endo	orsed By (Dept. He	ad)	

Please send the completed form to:

Audio Visual Services Unit LG2/F, Lady Shaw Building