Name of Applicant: ________________________________  
(In Block Letters)

Department: _____________  Address: ___________  Tel.: ___________  Date: ______________

1. Date and time of use

Date: _______________  from _______ am/pm  to _______ am/pm

2. Name of Event: __________________________________________

3. Venue: __________________________________________________

4. Description of service required: ________________________________

5. Equipment required:

<table>
<thead>
<tr>
<th>Equipment Required</th>
<th>LCD Video Projector</th>
<th>Others/Accessories</th>
</tr>
</thead>
<tbody>
<tr>
<td>P. A. System</td>
<td>Portable P. A.</td>
<td>Portable LCD Video Projector</td>
</tr>
<tr>
<td>Microphone (Wire)</td>
<td>Screen</td>
<td>Visual Presenter</td>
</tr>
<tr>
<td>Microphone (Wireless)</td>
<td>Wireless Presenter</td>
<td>CD/DVD/Blu-ray Player</td>
</tr>
<tr>
<td>Mic Stand (Floor)</td>
<td>Wireless Presenter</td>
<td>Audio Recording</td>
</tr>
<tr>
<td>Mic Stand (Table)</td>
<td>Technician Stand-by</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ No / □ Yes</td>
</tr>
</tbody>
</table>
|                                    |                     | Time: ____________ to ____________

6. Account code for the related operation charge for this booking, if booking is accepted.

Company Code
Cost Ctrl/Project/Service Area Code
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.

2. 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.

3. There is no guarantee that each off-hour request can be accommodated.

4. Requests for such services should be made at least SEVEN working days in advance.

________________________________________  ______________________________________
Applicant Signature  Endorsed By (Dept. Head)

Please send the completed form to:

Audio Visual Services Unit
Room 06, LG2/F, Lady Shaw Building

July 2020

This form can be downloaded at www.avsu.cuhk.edu.hk