

To: Promotions Dept. (Ms Ada Leung)

Date: _____

Fax: 2618 0107

Tel: _____

From: _____ (*Mr. / Ms. / Mrs.)

Application Form For Rental of Exhibition/Promotion Venue**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.: _____

*Please attached the BR Copy as well (請附上商業登記証附本)

Office Address: _____

Name of Applicant (in English): _____

Tel: _____

Position Held: _____

Fax: _____

Pager/ Mobile: _____

E-mail Address: _____

Details of Proposed Event

Official Name of Event (in English): _____

(in Chinese): _____

Exhibition Shopping Regentville Shopping Mall 帝庭軒購物商場 / _____**Mall:** Shatin Galleria 沙田商業中心 / The Waterside 雅濤居 _____

Kwun Tong Plaza 觀塘廣場 / Waterside Plaza 海灣花園 _____

* Please delete as appropriate Other: _____

Exhibition Venue(s) 1st Preference: _____2nd Preference: _____

Preferred Exhibition Date: _____

Preferred Exhibition Time: _____

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: _____

Power Supply Required: Yes, Quantity: _____ No

Carpet setup by licensor: Yes No (Please refer to rate card for setup cost)

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: _____

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

信和集團旗下商場供短期展銷 Sino Malls for casual leasing:

屯門市廣場 (tmtplaza)	電話 Tel. 2450 7782	藍灣廣場(Island Resort Mall)	電話 Tel. 3165 6616
奧海城 (Olympian City)	2397 3636	沙田商業中心 (Shatin Galleria)	3165 6616
荃新天地及荃新天地 2 (Citywalk & Citywalk 2)	3926 5700	帝庭軒購物商場 (Regentville Shopping Mall)	3165 6616
中港城(China Hong Kong City)	2139 6087	觀塘廣場 (Kwun Tong Plaza)	3165 6616
黃金海岸商場 (Gold Coast Piazza)	2452 6566	雅濤居購物商場 (The Waterside Shopping Mall)	3165 6616

This form should be sent or faxed to the following office **at least 1 month** prior to the proposed event commencement date.

Address: Ms. Joanne Leung
 Retail Marketing & Promotions Department
Sino Estates Management Limited
 Customer Service Centre
 Shop 1129C, 1/F
 Phase 1,
 Tuen Mun Town Plaza
 Tuen Mun N.T.

Tel: 3165 6617
 Fax: 2618 0107

<u>Management Approval (For Office Use Only)</u>	
Licence Fee:	
Electricity Fee:	
Other Charges:	
Total Amount:	
Confirmed & Accepted by:	
Signature:	Date:

Note:

1. The Licensor has absolute discretion to accept or refuse any application.
2. 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 licence fee shall be refunded.
3. Licensee shall read the **“House Rules”** thoroughly and pls call us at 3165 6617 for details. Email: joanneleung@sino-estates.com The Licensor reserves the right to alter or cancel any approved applications should the Licensee fail to comply with the rules.

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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 Shopping Mall:			
Exhibition Date:			
Exhibition Time:			
Exhibition Title:			
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**