香港藥學會

The Pharmaceutical Society of Hong Kong

Room 1303, Rightful Centre, 12 Tak Hing Street, Jordan, Hong Kong Tel: (852) 2376 3090 | Fax: (852) 2376 3091 E-mail: pharmacist@pshk.hk Website: http://pshk.hk

## APPLICATION FOR USE OF PSHK HEADQUARTERS

NOTE:	<ol> <li>Application form should be submitted to the Booking Manager.</li> <li>The applicant must read the 'PSHK HQs Terms and Condition of Use'.</li> <li>Please use separate form for booking each venue. Repeated applications will not be accepted.</li> <li>Priority will be given to the General Council of PSHK and its members.</li> <li>Booking will ONLY be confirmed upon the applicant's receipt of a written confirmation from PSHK and full payment accepted by PSHK.</li> </ol>					
	6. Written cancellation more than 5 work	on must be received by PSHK not lat ting days notice is given. No refund v	ter than 5 working days before the	from PSHK and full payment accepted date of use. Only 50% of the payment n n notice is given to cancel the booking.		
	7. <b>Permit for use of</b>	f facility is not transferable.				
I)	PARTICULARS ( Name of Applicant	OF APPLICANT / Responsible Person (Ful	Contact Tel./Mobile & Fax No.			
	PSHK membership No. / Name of Organisation			e-mail		
	Contact Address					
II)	DETAILS OF APPLICATION					
	Name of Event: Nature			e of Event:		
	No. of Pharmacist: No. of Non-Pharmacist: *Insurance No:					
	Month and Y	Year	Date of Event		Time of Event	
		1 <sup>st</sup> Choice			(to)	
		2 <sup>nd</sup> Choice			(to)	
	If this application is approved, I undertake to observe the terms and conditions of hire. I also agree to indemnify the PSHK against all actions, claims and/or demands by any person who suffers or sustains any loss, damage or injury arising out of or as a result of the use of the premises by me or any person so authorized by me due to the act or negligence on my/our part. *I understand that I am responsible for taking out an appropriate insurance policy for the above-mentioned event. I undertake to comply with the condition that I must be one of the users of the premises and will not transfer the booking to other(s).					
	Date:		Signature:			
The inform	on behalf of the application for booking of the premises of the PSHK. For correction of or access to the personal data thus provided, please contact the Booking Manager.					
	ase tick ONE box	Seating Capacity		K\$) minimum 2 hours	Total booking fees	
		41 - 60 persons	\$1,200 x N	o. of hours	\$	
		21 - 40 persons	\$450 x No	of hours	\$	
		20 persons	\$200 x No	of hours	\$	
		maceutical association. *Hourly serves the right to all final decision		) hours (HK\$500). refuse any booking without giving	any reason therefor.	

Booking and enquiry: Email: <u>pharmacist@pshk.hk</u> or fax to: 23763091.

A written confirmation will be sent out by PSHK. Upon confirmation of booking, payment can be made on line or by cheque. The cheque should be made to "The Pharmaceutical Society of Hong Kong" and send to Room 1303, Rightful Centre, 12 Tak Hing Street, Jordan, Hong Kong together with this booking form.

For office use only	
This is to acknowledge receipt of the booking fees and the above booking is hereby confirmed.	Signature:
	for and on behalf of PSHK