



MACAU UNIVERSITY OF SCIENCE AND TECHNOLOGY

**Campus Venues Reservation Form**

<b>For Apply Unit</b>	
Apply Unit: _____	Contact person: _____
Tel.: _____	Email: _____
<b>Reservation Details</b>	
1. Activities _____	
2. Activity Type _____ No. of Participants _____	
3. Date: _____ Time _____ to Date _____ Time _____	
<b>Venue Reservation</b>	
1. Lecture Rooms	2. Exhibition Hall
3. Auditorium	4. Promotion Counter
5. ( / / )	
Athletic Field (Gymnasium/ Badminton Court/ Tennis Court/Football Field/Stadium)	
Equipment Reservation Form	
/	
<b>Content/Purpose (Please enclose the attachment if the blanks are not enough)</b>	
Remark	
1. _____ 30 _____ <a href="mailto:gaservices@must.edu.mo">gaservices@must.edu.mo</a> : 28881122 Please submit the original to General Affairs Office Service Counter 30 days before using the venue or scan and email the completed form to <a href="mailto:gaservices@must.edu.mo">gaservices@must.edu.mo</a> . For enquiry Tel.:28881122.	
2. < > The applicant must agree and obey the <Campus Venues Leasing Regulations> and related venues use regulations.	
<b>Company Chop by Unit</b>	<b>Date</b>
<b>For GA</b>	
/ <b>Comment/ Remark</b> Agree to arrange _____ Disagree to arrange _____	<b>Date</b>