The Education University of Hong Kong

Estates Office

Ref No:	
	(For office use only

Notification of Campus Access for Visitors/External Participants

(Applicable to the Visit/ Activities/ Events Involving External Visitors Only)

Req	uesting Unit/Office:	Date of Request:		
Con	tact Staff:	Phone No.:		
Infor	mation			
1.	Title of Visit/ Activity ¹ / Event ¹ : or Purpose of Visit:			
2.	Date:			
3.	Time:	From	То	
4.	Venue:			
5.	Number of Visitors/ External Participants:		(People)	
	(Please fill in the suitable column	n below and obtain the corresp	onding authority's approval)	
Nos. of Visitors/External Participants: Less than 3		Nos. of Visitors/External Partici 3 to 50	ipants: Nos. of Visitors/External Participants: More than 50	
	urn the form with the list ² at least 3 king days before the activity/event)	(return the form with the list ² a working days before the activity		
Nan	ne of Staff:	Name of HoD/ Dean:	Name of HoD/ Dean:	
Sign	ature:	Signature:	Signature:	
Date:		Date:	Date:	
			******************************** Vice President/ President (via EO)	
			Signature:	

Note 1 the hosting department shall ensure that the invited visitors/external participants will not be engaged in commercial, political, profit-related, promotional and/or personal activity without permission.

Note ² the completed form together with the name list <u>should be returned to EO via email at wmeo@eduhk.hk</u>.