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)

Contac	t Particulars			
Requ	esting Unit/Office:	Date of Re	Date of Request:	
Contact Staff:		Phone No.:	E-mail:	
Inform	ation			
1.	Title of Visit/ Activity ¹ / Event ¹ : or Purpose of Visit:			
2.	Date:			
3.	3. Time: From To			
4.	Venue:			
5.	Number of Visitors/ External Participants:	ticipants: (People)		
6.	Invitation of Media:	YES* / NO (Please circle the appropriate option)		
*(Please inform Communications Office [co@eduhk.hk] in advance)		Peduhk.hk] in advance)		
	(Please fill in the suitable column belo	w and obtain the corresponding authority's approv	val)	
Nos. of Visitors/External Participants:		Nos. of Visitors/External Participants:	Nos. of Visitors/External Participants:	
Less than 3		3 to 50	More than 50	
(return the form with the list ² at least 3 working days before the activity/event)		(return the form with the list ² at least 5 working days before the activity/event)	(return the form with the list ² at least 7 working days before the activity/event)	
Name	e of Staff:	Name of HoD/ Dean:	Name of HoD/ Dean:	
Signature:		Signature:	Signature:	
Date:		Date:	Date:	
			Endorsement from Respective Line Vice President / President VP(AC) / VP(RD) / VP(ADM) / P	
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.			Signature: Date: ********************************	
<u>wmeo@eduhk.hk</u> .			Signature:	
			Date:	