

講座申請 Seminar Application

組織或團體資料 Organization / Group Particulars

組織或團體名稱 Name of the Organization / Group : _____

申請團體負責人姓名及職位 Name and position of Person in Charge of the Applicant Organization / Group: _____

團體會址 Correspondence Address: _____

聯絡人姓名及職位 Name and position of Contact Person: _____

聯絡號碼 Contact No.: _____ (辦公室 Office) _____ (手機 Mobile)

電郵地址 E-mail address: _____

根據地區收取交通費用 *請向職員查詢 Transportation costs is charged according to location

有關講座 Seminar Details

日期 Date (只限星期二至五 Available for Tuesday to Friday only):

第一志願 First Choice _____ 第二志願 Second Choice _____ 第三志願 Third Choice _____

時間 Time: _____

時間 Time (From 12:00am to 4:00pm 講座時間: 四十五分鐘至一小時 Seminar Duration: 45mins to 1 Hour)

參加人數 No. of Audience: _____ 年齡介乎 Age Range: _____

Remarks : 參加人數最少30人 At least 30 people up

申請原因 Reason for Application: _____

攜帶犬隻 Dogs required: 會(YES) / 否(NO)

**Authorized signature and chop
of applicant organization**

Date

申請機構負責人簽署及印鑑

日期

Note: The information provided will be used by SAA for internal record purpose only

註: 此表格所收集之個人資料僅作本會內部紀錄之用

多謝你的申請·我們稍後將以電郵及電話核實通知

Thank you for your application. We will let you have our confirmation by email and telephone.