

# iBioMed Flagship Hall Visit Application Form

Visit Date	____/____/____ (YYYY/MM/DD) <input type="checkbox"/> Morning Session: 9:30 AM ~ 12:00 AM <input type="checkbox"/> Afternoon Session: 2:00 PM ~ 4:00 PM		
Visiting Organization /Department			
Activity Title			
Responsible Unit		Contact Number (Mobile)	
Name/Title			
Number of Visitors	Approximately ____ people <i>(Maximum recommended capacity per session is 40 people.)</i>		
Purpose of Visit	<input type="checkbox"/> Visit to the iBioMed Flagship Hall <input type="checkbox"/> Academic Seminar or Educational Training Course <input type="checkbox"/> Business Networking and Collaboration <input type="checkbox"/> Other Activities (Remarks: _____)		
Requested Venue	<input type="checkbox"/> Open Space of the Hall, including the Lounge Area and Meeting Room. <input type="checkbox"/> Presentation Room (Total Seating Capacity: 40)		
Service Requests	<input type="checkbox"/> Guided Tour ( <input type="checkbox"/> Chinese <input type="checkbox"/> English) <input type="checkbox"/> Use of Presentation Room Computer <input type="checkbox"/> Assistance with Business Networking (Company Name: _____) <input type="checkbox"/> Modification of Welcome Wall Event Name (Including spaces & symbols: 18 Chinese characters/36 English letters) <b>Chinese Event Name:</b> _____ <b>English Event Name:</b> _____		
Please Provide an Event Plan (Can Be Adjusted as Needed)			
Time	Agenda		
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※ **Venue Manager:** Zoe Chen    **Phone-1:** +886 6 303 3677 ext.200    **Phone-2:** +886 7 696 0227

**Email:** [stsp@biip-dcc.org](mailto:stsp@biip-dcc.org)

※ Please note that the delivery of the application form doesn't mean that the reservation is completed, and is subject to confirmation by the management staff. If you don't receive a contact notice within 2 working days, please call us during office hours for further information.