

TRAINING ROOM BOOKING APPLICATION FORM



Applicant's Full Name:

Membership Number:

Rank:

Contact Number:

Event Title:

Speaker(s):

Rank(s):

Language:

English

Cantonese

Mandarin

Others:

Event Type (please circle):

Workshop

Sharing Session

Hands-on Workshop

Others:

Type of Meeting: **Open to Public**

Closed

Listing on YLAu Webpage: **Listed / Unlisted**

Date Requested: (1st priority)

(2nd priority)

(3rd priority)

Time Period: (1st priority)

(2nd priority)

(3rd priority)

Expected Number of Attendees:

Onsite Order Placement:

Yes

No

Additional Service/ Facilities Request:

LED TV

Massage Table

Other

Bond Payment Method (if applicable):

Credit Card on file: (last 4 digits)

Client Signature: (By signing this document, I acknowledge that I have read through and agreed to the Rules & Regulations and Terms & Conditions.)

Date Signed:

Office Use:

Remarks: