CUHK Thomas Jing Centre for Mindfulness Research and Training *Bring Mindful Awareness to Healthcare and Society*

Booking Form

All information is confidential.

The record will be discarded immediately after the rental period is over.

| Name of Organizer: | |
|---|---|
| Email Address: | |
| Contact Tel Numbers: Office: | Mobile: |
| Name of Activity: | |
| Booking period: Date (dd/mm/yyyy | e.g. 01/12/2019) |
| Time (xx:xx am/pm, e.g. 10:30 am) _ | |
| Estimated Number of Participants: (As part of the rental requirement, please send us your advertisement material for our records when it is ready.) | |
| If it is a training activity, please state advertising materials): | e the trainer's credentials (as they are stated in the |
| (If this is the first time the trainer teach of the certificate regarding the training | hes this kind of activity in our centre, please attach a copy g credentials.) |
| I agree to pay \$50 for each change/ca Yes / No (please circle whatever is app | ancellation made after the booking is confirmed. propriate) |
| Is the activity free of charge? Yes / No (please circle whatever is app | propriate) |
| If it is not a free activity, please comp | • |
| I would choose to pay \$1000 per hour / 30% of fees collected | (please circle whatever is appropriate) |
| I would like to have the invoice & re Electronic copy / Hard copy (please cir | _ |
| I agree to pay the rent not later than course, not later than one week after C Yes / No (please circle whatever is app | |
| Name of Applicant: | Date: |

Thank you for your interest in using the Centre.