

澳門科技大學校史與成就展廳參觀預約申請表

Application Form for Visit Reservation

申請日期 Date of Application		預約人姓名 Applicant's Name	
預約人所屬部門 Department		參觀人數 Number of Visitors	
參觀人員性質 Visitors' Category	<input type="checkbox"/> 校友Alumni <input type="checkbox"/> 學生Student <input type="checkbox"/> 教職工Staff <input type="checkbox"/> 其他Other		
參觀人機構名稱 Visitors' Institution			
主要嘉賓姓名、職務或職稱 Visitors' Name, Tittle			
陪同參觀的校領導 University Leader accompanying the visitors			
預約時間 Scheduled Time:	日期Date:		時段 Period:
是否需要講解 Do You Need a Guide?	<input type="radio"/> 需要Yes <input type="radio"/> 不需要No		
講解語言 Guide Language	<input type="radio"/> 中文Chinese <input type="radio"/> 英文English		
電子郵箱 Email Address			
聯繫電話 Contact Number			
以下由圖書館填寫The following is filled by the library			
預約編號 Reservation No		講解人 Presenter	
安排參觀時間Schedule the visit		月M	日D 時H 分M

參觀須知Notice to Visitors

1. 請保持安靜，手機靜音或震動。Please keep quiet, put mobile phone on silent or vibrate mode.
2. 請勿將食物、飲料及寵物等帶入展廳。Please do not bring food, drinks, or pets into the Exhibition Hall.
3. 嚴禁將易燃、易爆、易污染等危險品帶入展廳。
It is strictly forbidden to bring flammable, explosive, polluting and other dangerous goods into the Exhibition Hall.
4. 嚴禁在展廳內吸煙、隨地吐痰以及隨手扔垃圾等。
It is strictly forbidden to smoke, spit, or throw garbage in the Exhibition Hall.
5. 請愛護展廳設施和陳列品等，如人為損壞須照價賠償。
Please take good care of the Exhibition Hall facilities and exhibits, etc. Compensation will be imposed for any
6. 請勿觸摸展板、展柜和顯示屏等，不得隨意開啟或關閉館內設備，如人為損壞須照價賠償。
Please do not touch the display panels, display cabinets, or display screens, etc. and do not turn on or turn off any equipment in the Exhibition Hall. Compensation will be imposed for any damages.
7. 請自覺服從展廳工作人員安排，保證參觀活動有序進行。
Please consciously obey the Exhibition Hall arrangements to ensure the orderly conduct of the visit.
8. 請自行妥善保管貴重物品，如有遺失恕不賠償。
Please take good care of your valuables. No compensation will be made for any loss.

本人已閱讀並同意和接受此《參觀須知》的全部內容。
 I have read the 《Notice to Visitors》 and agree to accept its contents.

填好申請表后請電郵至 wwchan@must.edu.mo 陳小姐收
 Please email the completed application form to wwchan@must.edu.mo, Miss Chan

處理日期Handling Date : _____

簽名Signature : _____