**Group Visit Registration Form**

**Organization Information**

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| Name of Organization (Chinese)： (English)： |
| Nature： | 🗌 Charity group / NGO 🗌 Private Company 🗌 School🗌 Government 🗌 Others\_\_\_\_\_\_ | \* CI/BR Number： |  |
| \*　Please attach the Certificate of Incorporation / Business Registration copy |

**Contact Information**

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| --- | --- | --- | --- |
| Name：(Chinese)  |  Mr/Ms/Mrs/Dr | (English) |  |
| Position： | Email： |
| Office Tel： |  | Mobile： |
| Address： |

**Select the date and time**

|  |  |  |  |
| --- | --- | --- | --- |
|  | First Option | Second Option | Third Option |
| Date |  |  |  |
| Time |  |  |  |
| No of participants： |
| Do you require barrier- free facilities? No If Yes , please specify the no. of visitor: \_\_\_\_ |

* Opening hours of Lower zone：Tuesday to Sunday, 10am to 6pm (Closed on Mondays)
* The maximum number of group visitor could not exceed 120 per time slot.
* The maximum capacity of Lower zone exhibition halls should not exceed 60.
* **Group visits do not inherit guided tours**, please submit a Group guided tour form (with beverage) if needed. Please refer to the website or contact 2100 2828 for inquiry.

**Guidelines for Group visit:**

1. Group visit applicants who join the free guided tours should not receive payments from their participants, and no commercial activities should be engaged with the guided tours.
2. For visiting specific exhibition in groups, please submit an application and obtain approval for group visits of specific exhibitions.
3. Group visitors should follow the guidance of docents or recognized officials and avoid creating any nuisance to other visitors or general venue users. JTIA reserves the right to direct or divert group visits to other spots when certain locations are overcrowded.
4. Applications should be submitted at least 2 weeks before but not more than 3 months from the group visit date.
5. We will reply within 7 working days from the date of application.
6. We own the right to accept or reject any applications. Should any dispute arise, we reserve the right for final decision on all applications.

I / We understood and agreed the guidelines and will follow the arrangements of JTIA.

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| Signature and Chop of the responsible person/organization： |
| Name (Regular script)：**This column is filled by JTIA only**Date of submission：\_\_\_\_\_\_\_\_\_\_\_Year \_\_\_\_ Month \_\_\_\_\_DayResponsible staff：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Result：🗌 Approved 🗌 Rejected (Remarks) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date： |