

<b>FORM 5.1</b>	<b>HKTDC Hong Kong International Medical and Healthcare Fair 2025</b> 香港貿發局香港國際醫療及保健展2025 <b>26-28/5/2025</b>	<b>Return to :</b> Exhibition Services Department Hong Kong Trade Development Council Unit 13, Expo Galleria, HKCEC, 1 Expo Drive, Wanchai, Hong Kong
	<b>Deadline</b> <b>14 Apr 2025</b>	<b>AV &amp; Communications Facilities</b> (Not Applicable for Custom-built participation Exhibitors)

No.	Description of Facilities (HK\$ column for Hong Kong exhibitor only, US\$ column for all overseas exhibitor)	Unit Rate (4 DAYS HIRE)		Qty	Total Amount	
		HKD	USD		HKD	USD
<b>Audio Visual Facilities Rental</b>						
1#	AU005* 32" LCD / Plasma (Power Supply Excluded)	2500	333			
2#	AU006* 42" LCD / Plasma (Power Supply Excluded)	3800	507			
3#	AU016* 50" LCD / Plasma (Power Supply Excluded)	4700	627			
4#	AU008* DVD Player (Power Supply Excluded)	700	93			
5#	AU011* Plasma Stand (Plasma Excluded)	1000	133			
6#	AU001 Other AV Facilities (Quote On Request)	-				
<b>Communications Facilities Rental</b>						
7#	CEC001+ Telephone Line with Handset for Local Calls (non-Direct Line) (A charge of HKD600 per set for lost and/or damaged of telephone set) (Quote On Request)	1225	163			
8#	CEC002+ Telephone Line with Handset for Local & IDD Calls (A charge of HKD600 per set for lost and/or damaged of telephone set) (HKD2500 deposit payable to "HKCEC" and mail to Finance Dept, 1 Expo Drive, Wanchai, HK) (Quote On Request)	1540	205			
9#	CEC003* Fax Transmission Line for Local Fax Only (non-Direct Line) (Power Socket & Fax Machine Excluded) (Quote On Request)	1225	163			
10#	CEC004+* Fax Transmission Line for Local & IDD Fax (Power Socket & Fax Machine Excluded) (HKD2500 deposit payable to "HKCEC" and mail to Finance Dept, 1 Expo Drive, Wanchai, HK) (Quote On Request)	1540	205			

*For item 1-10, exhibitors have to give the location plan of the additional communications facilities above.  
Any change in the location on-site would require an on-site relocation charge 50% of the rental rate.*

**20% surcharge for late order received after 14 Apr 2025**  
**30% surcharge for late order received after 12 May 2025**

+*#Please read the Conditions of Order clearly before you sign this Form ● You may refer to the colour photos of booth facilities ● NO Exchange and NO Refund for standard booth facilities	<b>TOTAL AMOUNT</b>		
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**Application will only be proceeded with installation layout plan and full payment.**

**Exhibitor Information**

Company Name: \_\_\_\_\_ Booth No.: \_\_\_\_\_  
 Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_ Signature: \_\_\_\_\_

**Payment Method (To be completed in page 3)**

表格五·一		<b>HKTDC Hong Kong International Medical and Healthcare Fair 2025</b> 香港貿發局香港國際醫療及保健展2025 26-28/5/2025		請交回 香港貿易發展局, 展覽服務部 香港灣仔博覽道一號 香港會議展覽中心 博覽商場13號 聯絡: 梁筱悠小姐 電郵: <a href="mailto:hkimds.es@hktdc.org">hkimds.es@hktdc.org</a> 傳真: (852)3521-0450				
截止日期 2025年4月14日		租用影視及通訊設施申請表 (不適用於特裝參展商)						
No.	申請項目 香港參展商以港幣付款, 海外參展商以美元付款			單價 (供四天使用)		數量	總金額	
				HKD	USD		HKD	USD
<b>租用影視器材</b>								
1#	AU005*	32"液晶 / 等離子顯示屏 (不包括電源插座)		2500	333			
2#	AU006*	42"液晶 / 等離子顯示屏 (不包括電源插座)		3800	507			
3#	AU016	50"液晶 / 等離子顯示屏 (不包括電源插座)		4700	627			
4#	AU008*	DVD 播放機 (不包括電源插座)		700	93			
5#	AU011	等離子顯示屏托架 (不包括顯示屏)		1000	133			
6#	AU001	其它視聽設施 (請聯系報價)		-				
<b>租用通訊設施</b>								
7#	CEC001+	只供香港本地通話用的電話線及電話機 (非直撥線) (如電話機遺失/或損壞, 每部收取港幣600元正) (請聯系報價)		1225	163			
8#	CEC002+	兼備國際直通電話服務的電話線及電話機 (如電話機遺失/或損壞, 每部收取港幣 600 元正) (需繳交HKD2500按金予“香港會議展覽中心” 寄香港博覽道1號 財務部收) (請聯系報價)		1540	205			
9#	CEC003*	本港用圖文傳真線 (非直撥線) (不包括電源插座及傳真機) (請聯系報價)		1225	163			
10#	CEC004+*	國際直通圖文傳真線 (不包括電源插座及傳真機) (需繳交HKD2500按金予“香港會議展覽中心” 寄香港博覽道1號 財務部收) (請聯系報價)		1540	205			
項目1-10參展商須遞交有關上述額外通訊設施之位置圖。所有現場位置更改須繳付有關設施租賃費之50%作為現場更改費用。								
於2025年4月14日後交回須加百分之二十之附加費 於2025年5月12日後交回須加百分之三十之附加費								
# 請參閱一般守則 ●請參閱附頁之攤位設施圖片 ●標準攤位內設施不設更換或退款				<b>總金額</b>				
<b>申請必須連同規劃圖及全數款項方為有效</b>								
<b>申請參展商資料</b>								
公司名稱: _____			展台編號: _____					
聯絡人: _____		職位: _____		電子郵件號: _____				
電話: _____		傳真: _____		簽署: _____		日期: _____		
<b>付款方法 (請於下頁填寫)</b>								

**HKTDC Hong Kong International Medical and Healthcare Fair 2025**  
**香港貿發局香港國際醫療及保健展2025**  
**26-28/5/2025**

**Return to :**

Exhibition Services Department  
Hong Kong Trade Development Council  
Unit 13, Expo Galleria, HKCEC,  
1 Expo Drive, Wanchai, Hong Kong

Attn: Ms. Zoe Leung  
Email : [hkimds.es@hktdc.org](mailto:hkimds.es@hktdc.org)  
Fax : (852) 3521-0450

**請交回**

香港貿易發展局, 展覽服務部  
香港灣仔博覽道一號  
香港會議展覽中心  
博覽商場13號

聯絡 : 梁筱悠小姐  
電郵 : [hkimds.es@hktdc.org](mailto:hkimds.es@hktdc.org)  
傳真 : (852)3521-0450

**Authorization from Exhibitor**

Company Name: \_\_\_\_\_ Booth No.: \_\_\_\_\_

**Payment Method (Please see condition 6. No separate invoice will be issued)**

- By Cheque (Payable to Hong Kong Trade Development Council)  
Cheque No.: \_\_\_\_\_ Amount : HKD/USD \_\_\_\_\_ Date : \_\_\_\_\_
- By Credit Card (Hong Kong Dollar Only)    VISA    MASTER CARD  
Name of Card Holder: \_\_\_\_\_ Card No: \_\_\_\_\_  
Expiry Date: \_\_\_\_\_ Amount: HKD \_\_\_\_\_ Signature: \_\_\_\_\_

**申請參展商之授權**

公司名稱 : \_\_\_\_\_ 展台編號 : \_\_\_\_\_

**付款方法 (請參閱說明六, 本局不會另開發票)**

- 支票 (抬頭『香港貿易發展局』)  
支票號碼 \_\_\_\_\_ 所付款項: HKD / USD \_\_\_\_\_ 日期 : \_\_\_\_\_
- 信用卡 (只限港幣)    VISA    Master Card  
卡主名稱: \_\_\_\_\_ 信用卡號: \_\_\_\_\_  
有效日期: \_\_\_\_\_ 所付款項: HKD \_\_\_\_\_ 簽署: \_\_\_\_\_