澳門城市大學圖書館團體導覽申請表 Application for Group Tour of CITYU Library

Application for Group Tour of CITYU Library	
申請單位:	
Name of Institution / Organization	
聯絡人姓名:	聯絡人電話:
Contact Person/Group Leader	Contact Number
電子郵件:	
E-mail Address	
參觀人數:	
Number of Visitor(s)	
參訪日期: 年 月 日	時段: : :
Visit Date	Time
備註:	
Remarks	
注意事項:	Notice:
▶ 請於參觀日期提前兩個工作天遞交團體導	Please send the application form two working days
覽申請表。	earlier than the visit date.
▶ 服務時間:週一至週五 10:00-11:30,	Group Tour Available From Mon. to Fri. 10:0 0-12:00, 14:00-17:00 except for Examinations
14:00-17:00,考試期間恕不接受申請。	Period
▶ 參觀期間,請集體行進,領隊應負責維持 參觀秩序,並請團推團出。	During the group tour please move as a group.

- 入館前請將手機調為靜音或關機,並輕聲 細語以確保圖書館安寧。
- 同一時段如有多個團體申請導覽,以最先 提出申請者優先。
- 導覽過程中如有拍照需求,請關閉快門聲音及閃光燈,請尊重讀者隱私,避免對著讀者取景。

本人已理解並同意遵守相關規定。

- Please set the cell phone to vibrate mode or turn it off before entering the library. Please keep quiet in the library.
- The group submits the application earlier has priority over the group submit the application later when there are duplicate visit dates.
- Please turn your cameras into mute mode and turn off the flash lights before taking pictures during the group tour and please don't focus on a specific people in the library.

I have understood and will follow the notice above.

申請人簽章:	申請日期:
Signature	Date

完成本表填寫後請電郵至圖書館(<u>lib_ref@cityu.edu.mo</u>),館員將盡快給您回覆Please send the completed form to <u>lib_ref@cityu.edu.mo</u>.

Library colleagues will get back to you shortly after receiving your request.

圖書館專用 For Library Use Only		
收件人 Signature	收件日 Received date	
備註 Remarks		