

Li Ka Shing Faculty of Medicine, The University of Hong Kong
Faculty Souvenirs Order Form

To: Miss Suki Cheung, Faculty Office Tel: 3917 6851 Fax: 2974 0678
 Email: medkefa@hku.hk
 Address: 5/F, William MW Mong Block, 21 Sassoon Road, Pokfulam, Hong Kong

Section A: Order Details

Item	Unit Price	Quantity	Amount
A. ^Faculty 130 Cooling Towel (NEW) <i>^ HK\$120 for purchasing one set of towels (4 colours)</i>	HK\$40.00		HK\$
B. 130 Rewritable Luggage Tag (NEW)	HK\$60.00		HK\$
C. *Faculty Silk Scarf (NEW) - Design 1 - Design 2	HK\$220.00 HK\$220.00		HK\$
D. *Faculty Silk Woven Neck Tie - Design 2	HK\$200.00		HK\$
E. *Faculty Aluminium Ink Pen	HK\$45.00		HK\$
F. #Faculty Metal Pens - Design 1 - Design 2 <i># HK\$100 for purchasing one set of pens (Design 1 and Design 2)</i>	HK\$60.00 HK\$60.00		HK\$
G. Faculty Umbrella	HK\$80.00		HK\$
H. Faculty Multi-purpose Cards	HK\$50.00		HK\$
I. Faculty 120 th Anniversary Book	HK\$200.00		HK\$
Total Amount:			HK\$

* Special discount of 10% for purchasing 5 pieces or more

Section B: Contact Information

Name: (**Prof / Dr / Mr / Mrs / Ms / Miss) _____
 Title & Organisation: _____
 Email: _____ Tel: _____
 Fax: _____ **Please delete as appropriate.

Section C: Payment Method

By Cash

By Cheque
 Bank Name: _____ Cheque no.: _____
(Please make a crossed cheque payable to "The University of Hong Kong" and return it with the order form to Ms Cyndi Mok, 5/F, William MW Mong Block, 21 Sassoon Road, Pokfulam, Hong Kong.)

By Departmental Account
 Department: _____
 Departmental Account to be debited: _____
 Signature of Administering Authority & Departmental Chop: _____
 Date: _____

 Name & Title: (_____)

Collection Details

- You will be contacted by phone or email when the products are ready for collection.
- To collect your ordered goods, please go to 5/F, William MW Mong Block during office hours.
 (Office hours: Monday to Friday: 9:00 am – 1:00 pm & 2:00 pm – 5:45 pm; closed on Saturdays, Sundays, Public Holidays and University Holidays)

For Office Use Only

Invoice / Receipt no. : _____	Date: _____
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