



澳門貿易投資促進局

Instituto de Promoção do Comércio e do Investimento de Macau
Macao Trade and Investment Promotion Institute

[Filled in by IPIM]

Application No.: _____

Date received: _____

International Conference Referral Initiative

Post-event Report

Note:

1. This Post-event Report is subject to the regulations, terms and conditions of the “International Conference Referral Initiative” of Macao Trade and Investment Promotion Institute (IPIM).
2. If the event is successfully held, applicant must submit the "Post-event Report" to IPIM within 30 days after event.
3. Please submit the completed Post-event Report via email to: mavislei@ipim.gov.mo or christielai@ipim.gov.mo
4. Please fill in this form on a computer.
5. If the space of Post-event Report is insufficient for certain items, please provide the information in attachment(s).
6. If the applicant is unable to provide relevant information or the required parts are not applicable, please specify.
7. Please mark with “✓” in applicable tables.
8. Applicants must stamp or initial at the bottom right of each page in this Post-event Report.

In case of any discrepancy between the English version and the Chinese version of the Post-event Report, the Chinese version shall prevail.

1. Applicant Information			
1.1 Organisation Name <i>*Please fill in the official name in block letters</i>	Chinese		
	Portuguese		
	English		
1.2 Organisation Type	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Association		<input type="checkbox"/> Limited Company <input type="checkbox"/> Others (please specify) _____
1.3 Taxpayer No./ Association No.	<i>(Only applicable to Macao proprietor/association)</i>		1.4 Registration No. (Business tax No.): <i>(Only applicable to Macao proprietor)</i>
1.5 Applicant's Role	<input type="checkbox"/> Event host <input type="checkbox"/> Event Co-organiser		<input type="checkbox"/> Event organiser <input type="checkbox"/> Others (please specify) _____
1.6 Address			
	City		Country/Region
1.7 Telephone			1.8 Fax
1.9 Email			
1.10 Website			
2. Contact Information			
2.1 Contact person 1	Name		
	Title		Telephone
	Email		Mobile phone
2.2 Contact person 2	Name		
	Title		Telephone
	Email		Mobile phone
3. Event Information			
3.1 Event Name	Chinese		
	English		
3.2 Event Website			
3.3 Event Type	Conference <input type="checkbox"/> Conference that recorded in ICCA (International Congress and Convention Association) database <input type="checkbox"/> Conference that has potential to record in ICCA database		
3.4 Event Frequency	<input type="checkbox"/> Annual <input type="checkbox"/> Biannual <input type="checkbox"/> Others (please specify) _____		

3.5 Event Date	From _____ to _____ (DD/MM/YYYY) (DD/MM/YYYY)							
	Total hours for conference: _____							
3.6 Actual Number of participants	_____ pax							
3.7 Event Venue								
3.8 Event schedule	Please provide detailed schedule of the event as an attachment							
3.9 Accommodation information (if applicable)	Name of Macao hotel							
	Actual number of rooms							
	Check-in date:	(DD/MM)	(DD/MM)	(DD/MM)	(DD/MM)	(DD/MM)	(DD/MM)	Total number of rooms
	Number of rooms							

4. Overall supports gained

4.1 Please state the name of the integrated resort and hotel that provide supports to the conference								

4.2 Support items (e.g. Meeting Package, Hotel Accommodation, Food & Beverage, Venue Rental, Transportation, Event Promotion, or others)							Amounts (MOP)	

5. Signature and stamp of the applicant's representative

I (We) hereby declare that the information submitted is true and correct, and undertake to fulfill the terms and conditions of the International Conference Referral Initiative, and to comply with all the terms and conditions, obligations of the International Conference Referral Initiative

Name of signatory and Title:	Signature [of the Legal Representative] and Official Stamp <i>(Remarks: The signature should be identical to the signature sample on identification document or the relevant legal document)</i>
	Date: (DD/MM/YYYY)