

TRAVEL STIMULATION PROGRAM

旅遊激勵計劃

APPLICATION FORM 申請表格

PLEASE READ THE PROGRAM DETAILS OF THE "TRAVEL STIMULATION PROGRAM" BEFORE COMPLETING THIS FORM.

請於填寫此表格前閱讀有關「旅遊激勵計劃」詳情。

For MGTO Use Only 此欄由本局填寫	REMARKS: 備註
Received Date: 收件日期: _____	
Received by: 簽收: _____	

A1 – Applicant Details 申請者資料

Role of Applicant 申請者身份(請在合適的選項中打“X”)

- Organizers and/or Planners of the “Incentive Travel” activity (referred as applicant below) (Please fill in Part 1 -1 column)
「獎勵旅遊」活動之主辦單位或策劃者(下稱申請者)(請填寫第一部分 -1 項資料)
- The Bride/Groom of the “Wedding Travel” activity (referred as applicant below) (Please fill in Part 1 -2 column)
「婚禮旅遊」活動之新娘/新郎(下稱申請者)(請填寫第一部分 -2 項資料)
- School/College/University of the “Student Travel” Activity or other education related activities (referred as applicant below) (Please fill in Part 1 -3 column)
「學生旅遊」或教學相關活動之學校/大學/學院(下稱申請者)(請填寫第一部分 -3 項資料)
- The appointed applicant/entity (referred as the applicant below) (Please fill in Part 1 - 1/2/3 and Part 2 column)
指定委託申請者/機構(下稱申請者)(請填寫第一部分 - 1/2/3 項及第二部分資料)

PART 1 第一部分 – Event Owner 活動持有人

	Official Registered Name of Organization 官方註冊機構名稱	
1. Organizers and / or Planners of the “Incentive Travel” activity 「獎勵旅遊」活動之主辦單位或策劃者	<i>(PLEASE FILL IN BLOCK LETTERS 請以正楷填寫)</i>	
	Note: If the official name of the entity is not the same as the trading name (s). The different trading name must be written in a bracket next to the official name. 若設有之商號名稱與官方名稱不同, 請給商號名稱加上括號及填於官方名稱側。	
	Type of Organization 機構類型	Primary Market 主要業務:
	_____	_____
2. The Bride / Groom of the “Wedding Travel” activity 「婚禮旅遊」活動之新娘 / 新郎	Name of Bride or Groom 新娘或新郎名稱	
	<i>(MR. / MS.) LAST NAME, FIRST NAME (PLEASE FILL IN BLOCK LETTERS) 中文姓, 名 (先生/小姐) (請以正楷填寫)</i>	

3. School / College / University of the “Student Travel” Activity or other education related activities 「學生旅遊」活動或教學相關活動之學校 / 大學 / 學院	Official Registered Name of School/College/University 學校/大學/學院名稱	
	<i>(PLEASE FILL IN BLOCK LETTERS 請以正楷填寫)</i>	



PART 2 第二部分 – Appointed Applicant/Entity 受委託申請者或機構

Remarks: For the Event Owner who is not the Applicant, an official appointment letter issued by the Event Owner must be submitted as to identify the Applicant's role in the activity. The Event Owner must acknowledge the Applicant as the only entity to apply this program and be the appointed party to handle the local arrangements of the activities in Macao and to receive the related support from MGTO.

註：如活動持有人非申請者，需提供委託信以證明申請者於該活動中之身份及角色，同時信中須註明活動持有人已知悉有關申請者為是次申請之唯一實體，並將代處理於本澳之安排及收取有關支持。

Name of the Appointed Applicant 受委託申請者名稱	(MR. / MS.) LAST NAME, FIRST NAME (PLEASE FILL IN BLOCK LETTERS) 中文姓、名(先生/小姐) (請以正楷填寫)		
Or Name of the Appointed Entity 或受委託申請機構名稱	(PLEASE FILL IN BLOCK LETTERS 請以正楷填寫)		
	Note: If the official name of the entity is not as same as the trading name(s). The different trading name must be written in brackets next to the official name. 若設有之商號名稱與官方名稱不同，請給商號名稱加上括號及填於官方名稱側。		
	Type of Organization 機構類型	Primary Market 主要業務:	

A2 – Contact Details of the Applicant/Entity 申請者/機構聯絡資料

Address 地址	_____		
City 城市		Country 國家	
Tel. 電話		Email 地址	
Fax 傳真		Website 網址	
Key Contact Person's Name 主要聯絡人姓名	(MR. / MS.) LAST NAME, FIRST NAME (PLEASE FILL IN BLOCK LETTERS) 中文姓、名(先生/小姐) (請以正楷填寫)	Key Contact Person's Title 主要聯絡人職銜	
Key Contact Person's Email 主要聯絡人電郵地址		Key Contact Person's Tel No 主要聯絡人電話號碼	

B – Details of the Qualified Activity 合資格之旅遊活動資料

Name of the Incentive Travel / Wedding Travel / Student Travel Activity 獎勵旅遊 / 婚禮旅遊 / 學生旅遊活動名稱	(PLEASE FILL IN BLOCK LETTERS 請以正楷填寫)		
Confirmed Incentive Travel / Wedding Travel / Student Travel Activities 已確定之獎勵旅遊 / 婚禮旅遊 / 學生旅遊活動	<input type="checkbox"/> 獎勵旅遊活動 ; Incentive Travel Activities; <input type="checkbox"/> 學生旅遊活動 (或教學相關活動) ; Student Travel Activities (or education related activities); <input type="checkbox"/> 婚禮旅遊活動 ; Wedding Travel Activities;	<input type="checkbox"/> 團隊建立活動 ; Team Building Activities; <input type="checkbox"/> 午餐/晚宴 ; Lunch/Dinner; <input type="checkbox"/> 本地交通 ; Local Transportations;	
	*PLEASE SELECT ONLY ONE ACTIVITY FOR APPLYING THE SUPPORT UNDER THIS PROGRAM 請選擇行程中其中一項活動作為申請支持的項目		
Date of the Event 活動日期	From ____/____/____ To ____/____/____ 由 (DD/MM/YYYY) 至 (DD/MM/YYYY)	Event Venue 活動地點	

Name of Hotel Accommodation 入住酒店名稱			No. of Non-Macao Participants 非澳門參加者人數	
Market Breakdown of Non-Macao Participants by Geographical Location 按地理位置劃分之非澳門參加者數目市場明細	China 中國: _____ Hong Kong 香港: _____ Taiwan 台灣: _____ Malaysia 馬來西亞: _____ Singapore 新加坡: _____ Thailand 泰國: _____ The Philippines 菲律賓: _____ Indonesia 印尼: _____ Japan 日本: _____ Korea 韓國: _____ S & SE Asia 南亞及東南亞(Others 其他): _____ Australia 澳洲: _____ New Zealand 紐西蘭: _____ South Pacific 南太平洋: _____ Africa 非洲: _____ Europe 歐洲: _____ Middle East 中東: _____ India 印度: _____ The Americas 美洲 - Canada 加拿大: _____ USA 美國: _____ Others 其他: _____			
Date, Venue of the Event 活動日期及地點	Program Outline 活動概要			
Arrival date ____/____/____ 抵澳日期 (DD/MM/YYYY)				
Departure date & time 離澳日期及時間	____/____/____, ____:____ (DD/MM/YYYY), HH:MM	Port of departure 離境口岸		
Service Providers for Hotel Accommodation & Activity 住宿及旅遊活動之服務供應商 <i>Remarks: Industrial Tax Statement ("M/8" Form) from the service providers is needed 註: 請提供服務供應商之澳門營業稅 - 徵稅憑單</i>				
Name of Macao Service Providers 本澳服務供應商名稱				
C – Application for the related support from MGTO 向旅遊局申請之相關支持項目				
Related Support 相關支持項目	相關旅遊活動非澳門參加者人數 Total number of the non-Macao participants for the related travel activities			
	25-39	40-100	101-300	300+
1. Tourist Information Kit 旅遊資訊; (PLEASE FILL IN THE REQUIRED QUANTITY 請註明要求數量 _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Souvenirs 紀念品; (PLEASE FILL IN THE REQUIRED QUANTITY 請註明要求數量 _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cultural Performance (maximum duration of 30 minutes); 文化表演一節 (每節最長 30 分鐘); (PLEASE FILL IN THE REQUIRED DATE, TIME & VENUE FOR PERFORMANCE 請註明要求表演之日期、時間及地點 _____)	X	<input type="checkbox"/>	X	<input type="checkbox"/>
4. Half Day Historical Tour (maximum duration of 4 hours); 世遺半日遊 (行程最長 4 小時); (PLEASE FILL IN THE REQUIRED DATE, TIME & VENUE FOR THE TOUR 請註明要求遊覽之日期、時間及地點 _____)	X	X	<input type="checkbox"/>	<input type="checkbox"/>
5. Other – please specify: 其他, 請列出: _____				
<i>Remark: The arrangements for the above support are subject to the related suppliers' availability, the MGTO reserves all rights on final decision and interpretation in the execution of this program, the MGTO disclaims any and all liability related to the quality and fitness of the third-party products and/or services that are directly or indirectly in connection with this Program.</i> 註: 就上述支持之相關安排須視乎就有關供應實體之可行性而定, 澳門特別行政區政府旅遊局保留對執行是項計劃之所有最終解釋權及決定權, 旅遊局免除因第三者的產品或服務引致爭議之任何責任。				

Notes 申請注意

- This application form is intended for pre-qualification purposes bound by the terms and conditions of “Travel Stimulation Program” regulated by MGTO.
此申請表只為作活動前資格預審程序之用，並受澳門特區政府旅遊局「旅遊激勵計劃」之有關詳情及條款約束。
- Any application with all respective supporting documents must be duly and completely submitted to MGTO or any of the overseas MGTO Representatives (contact details please visit the official website of MGTO: http://en.macaotourism.gov.mo/main/contactus_mgto_representation.php) **at least 15 working days prior to the first day of the event.** Any application which fails to comply with this requirement will be automatically disqualified without prior notice from MGTO.
任何申請，連同其一切所需的證明文件，必須完整地於活動首日前最少 **15 個工作日**，遞交到澳門特區政府旅遊局或澳門特區政府旅遊局駐外代表（旅遊局駐外代表聯絡資料請查看以下澳門旅遊局官方網站：http://zh.macaotourism.gov.mo/main/contactus_mgto_representation.php）。任何沒有依照上述要求提交之申請，將自動地被視為不合資格論，旅遊局將不另行通知。
- Upon completion of this form, please return it in person or via email to:
填妥之申請表可親身交回或電郵至：
MGTO - Tourism Product and Events Department
Business Tourism and Events Division
Alameda Dr. Carlos d'Assumpção, n.º 335-341,
Edif. "Hot Line", 9.º andar, Macau
Email: dtne@macaotourism.gov.mo
旅遊局 - 旅遊產品及活動廳
商務旅遊及活動處
澳門宋玉生廣場 335-341 號獲多利大廈 9 樓
電郵地址：dtne@macaotourism.gov.mo
- For the purpose of application, you are also required to submit all respective supporting documents according to the “Submission of Information & Documents” outlined in the Program. If the space provided is insufficient, a separate sheet may be used as an attachment to this application form. Where information is not yet available or not applicable, please indicate accordingly.
為辦理有關程序，申請者必須遞交計劃詳情中“資料及文件提交”所述之證明文件。如申請表未能提供足夠填寫空間，申請者可以附件形式作補充。如申請者未能提供有關資料或需填寫之部份不適用時，請分別註明。
- Should you encounter difficulties in completing the form, or if further information is needed, please contact us at: (+853) 8397 1004 / 8397 1012 / 8397 1037.
如申請者在填寫此表格時遇有困難或需要更詳細資料，請致電：(+853) 8397 1004 / 8397 1012 / 8397 1037。

- On behalf of the applicant and the related entity, I hereby declare that the above applicant has read and understood the full content of “Travel Stimulation Program”, terms and conditions and will agree to abide them, and that the information provided in this application is true and correct. I agree to notify MGTO of any changes to the information provided in this application.**
謹代表申請者及其機構，本人茲聲明已知悉並同意遵守有關「旅遊激勵計劃」之內容、條款及細則，並保證所提供之一切資料均為真實無誤，並同意通知澳門特區政府旅遊局有關申請資料之任何變更。
- I declare that I possess the right in releasing the above information related to this event and I agree and authorize MGTO to reveal such information to general public and post such information on MGTO’s website for public reference.**
本人謹聲明具有或被授權批准對外公開與此上述相關資料之權限，同意並授權澳門特區政府旅遊局對外公開及刊載於澳門特區政府旅遊局網頁供公眾參閱。
- I declare that the related support to be received from MGTO is for non-profit purposes only.**
本人謹聲明其受旅遊局支持項目將只作非牟利和非收費性用途。
- The Macao Government Tourism Office is the only supporting entity of the above event. Our company and all of our entrusted entities have not applied for any financial subsidize or support from any other Macao SAR government office or institution.**
就上述活動，本公司以及所有被委托的單位實體並沒有向除澳門特區政府旅遊局以外的其他任何政府部門或機構實體申請任何財政補助或支持。

Date of Application & Authorized Signature with Company Chop:
申請日期及申請者簽名連同機構蓋章:

DD/MM/YYYY