

Enrolment Form 報名表格

To 送呈: Department of Health (Medical Device Control Office) 衛生署 (醫療儀器管制辦公室)
Fax 傳真: (852) 3157 1286

The deadline of application is two weeks before the date of the event. The Medical Device Control Office will notify successful applicants of their application results one week before the event. **Unsuccessful applicants will NOT be notified.**

醫療儀器管制辦公室將於講座舉行前二周截止報名，並於講座舉行前一周通知成功報名人士。如報名人沒有收到確認通知，則表示其申請不被接納。

I/We would like to enroll in the following event 本人/我們欲報名參加下列活動:

Name of Event 活動名稱:	Application for Listing Class II/III/IV medical devices 如何申請表列第 II/III/IV 級醫療儀器
Date of Event 活動日期:	9 Oct 2012

Full Name (in block letter) 姓名 (正楷全名)	Title 職位	Email Address 電郵地址

Contact Person 聯絡人		Organization 機構	
Telephone 電話		Fax 傳真	
Email Address 電郵地址			

(For Official Reply Use Only 只供本辦公室填寫)

Dear Sir/Madam 先生/女士:

No.

Confirmation of Enrolment 報名確認信

- ☐ Your enrolment is confirmed.
已接受你/你們的報名。

Notes 備註:

- No parking spaces will be provided. You are requested to use public transport services to the workshop venue.
本署不會向出席者提供車位。請使用公共交通工具前往工作坊會場。
- If, on the date of the event, the Tropical Cyclone Signal No. 8 or above or the Rainstorm "BLACK" Warning is issued (or still in effect) 3 hours before the starting time of the event, the event will be automatically cancelled.
如活動開始前三小時天文台發出(或仍然生效)八號或更高熱帶氣旋警告信號或黑色暴雨警告，則活動會自動取消。
- The information provided by you will be used by the Department of Health for the purposes of enrolment, statistical analysis and liaison work. For correction of or access to the information you provided, please contact the Medical Device Control Office of Department of Health (E-mail : mdco@dh.gov.hk or Telephone No. 3107 8484)
你提供的資料將被衛生署用作處理報名、統計分析及日後聯絡之用。如欲更正或查詢個人資料，請聯絡衛生署醫療儀器管制辦公室 (電話 3107 8484 或電郵 mdco@dh.gov.hk)。

衛生署
醫療儀器管制辦公室
Medical Device Control Office
Department of Health