

# Enrolment Form 登記表格

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 Email 電郵：mdco@dh.gov.hk  
 Address: Room 3101, 31/F, Hopewell Centre, 183 Queen's Road East, Wan Chai, Hong Kong  
 地址：香港灣仔皇后大道東 183 號合和中心 31 樓 3101 室

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:	Seminar on Safe Use of Medical Devices 醫療儀器的安全使用講座
Date of Event: 活動日期:	2 Mar 2012 2012 年 3 月 2 日

Name 姓名	Name 姓名

Organization (if applicable) 機構(如適用)	
Contact Person 聯絡人	
Telephone 電話	
Fax 傳真	
Email Address 電郵地址	
Address (only applicable for those who require to receive the confirmation of enrolment by post) 地址(只適用於以郵遞方式收取報名確認通知書)	

(For Official Use Only 只供本辦公室填寫)

Dear Sir/Madam 敬啟者：

No.

## Confirmation of Enrolment 報名確認通知

☐ Your enrolment of the above event is confirmed.  
 關於上述的活動，本辦公室已接受你/你們的報名。

Notes 備註：

- (1) No parking spaces will be provided. 本署不會向出席者提供車位。
- (2) 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) 2 hours before the starting time of the event, the event will be automatically cancelled.  
 如活動開始前二小時天文台發出(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。

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