

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

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:	15 Mar 2013 2013 年 3 月 15 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	

(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. 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。
- (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) 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。
- (3) 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