

Medical Device Division
Department of Health
衛生署
醫療儀器科

Fax 傳真: (852) 3157 1286

Email 電郵: mdd@dh.gov.hk

Event Enrolment Form 活動報名表格

Name of Event*活動名稱*:	
Date of Event*活動日期*:	
Mode of the Event*活動模式*: <input type="checkbox"/> Online by Zoom <input type="checkbox"/> In-person (*Tick one choice only 二選一) (Zoom 線上會議) (實體講座)	
Name of applicant*申請人姓名*: Please note that 請注意: 1. <u>If the event is conducted online (e.g. via Zoom), the name of applicant must be the same as the name used online to join the event. 如活動是於網上(例如通過 Zoom)進行, 申請人姓名必須與網上使用的姓名相同才能加入活動。</u> 2. <u>Only one applicant is allowed on each enrolment form. 每份報名表只可填入一名申請人。</u>	
Post 職位:	Email Address#電郵地址#:
Telephone*電話*:	Fax#傳真#:
Organisation 機構:	
*Mandatory fields. *必須提供。 #An Email Address must be provided if available. A Fax is required only if an Email Address is not available. #如有電郵地址, 請務必提供。僅當沒有電郵地址時才必須提供傳真。	

(For Medical Device Division Use Only 只供醫療儀器科填寫)

Dear Sir/Madam 親愛的先生/女士:

Confirmation of Enrolment 報名確認信

No.編號:

Your enrolment is confirmed. 已接受你的報名。

Remarks 備註:

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Notes 注意:

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 Division of Department of Health (E-mail: mdd@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科(電話 3107 8484 或電郵 mdd@dh.gov.hk)。