

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

Fax 傳真: (852) 3157 1286

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**Event Enrolment Form 活動報名表格**

Name of Event\*活動名稱\*: Briefing seminar for Guidance Note on Changes for Listed Medical Devices under Medical Device Administrative Control System(MDACS)  
醫療儀器行政管理制度下有關於《表列醫療儀器的改動》指南文件簡介會

Address and quota of the session 地址與時段的名額:

In-person session: **100 people** (Address: Auditorium, Hong Kong Heritage Discovery Centre, Kowloon Park, Haiphong Road Kowloon Park, Tsim Sha Tsui, Hong Kong)

二零二三年十月二十五日實體簡介會: **100人** (地址: 九龍尖沙咀海防道九龍公園香港文物探知館演講廳)

Please indicate your availability at below session(s). The content of **all sessions are identical** with different language. Medical Device Division will arrange the session for you according to your availability. 請剔取你可行的時段, 除了語言, **每個時段的内容都是相同**, 醫療儀器科將會根據你所剔取的可行的時段去分配出席時段。

Date 日期	Sessions	In-person (實體講座)	Online by Zoom (Zoom 線上會議)
25 October 2023 二零二三年十月二十五日	Session A (Chinese): 10:30 – 12:00 時段A (廣東話): 10:30 – 12:00	<input type="checkbox"/>	<input type="checkbox"/>
25 October 2023 二零二三年十月二十五日	Session B (English): 13:30 – 15:00 時段B (英文): 13:30 – 15:00	<input type="checkbox"/>	<input type="checkbox"/>
25 October 2023 二零二三年十月二十五日	Session C (Chinese): 15:30 – 17:00 時段C (廣東話): 15:30 – 17:00	<input type="checkbox"/>	<input type="checkbox"/>

**Please note that 請注意：**

- 1. 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。**
- 2. Only one applicant is allowed on each enrolment form. 每份報名表只可填入一名申請人。**
- 3. It might be possible that applicant might not be arranged with a seat in the preferred In-person sessions due to seat availability of different venues. 因場所座位有限，不能確保分配至申請人所選取的可行時段。**
- 4. \*First-come-first-served basis, if no more seat is available with the selected timeslot, the online session automatically with the selected timeslot will be arranged instead.**

**請注意，實體簡介會將會按先到先得的原則分配座位，如已選時段已爆滿，將會自動以同時段的線上會議代替。**

Name of applicant\*申請人姓名\*:

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:**

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

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)。