

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*: Briefing for Guidance Notes on Changes for Listed Medical Devices under Medical Device Administrative Control System (MDACS)
醫療儀器行政管理制下有關於《表列醫療儀器的改動》指南文件簡介會

Address of the in-person session 實體簡介會地址:

Address: Auditorium, 15/F, Customs Headquarters Building (CHB), 222 Java Road, North Point, Hong Kong

地址: 香港北角渣華道222號海關總部大樓15樓演講廳

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)
13 November 2023 二零二三年十一月十三日	Session A (English): 10:30 – 12:00 時段A (英文): 10:30 – 12:00	<input type="checkbox"/>	<input type="checkbox"/>
13 November 2023 二零二三年十一月十三日	Session B (Cantonese): 14:30 – 16:00 時段B (廣東話): 14:30 – 16:00	<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. Seats are limited and will be allocated on a first-come-first-serve basis. 請注意,簡介會座位有限, 將會按先到先得的原則分配座位。**

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:	
<p>*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。</p>	

(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)。