

Enrolment Form 報名表格

To 送呈: Department of Health (Medical Device Division) 衛生署 (醫療儀器科)
Fax 傳真: (852) 3157 1286 Email 電郵: mdd@dh.gov.hk

The deadline of application is two weeks before the date of the event. The Medical Device Division will notify successful applicants of their application results **one week** before the event. **Those who do not receive our confirmation may assume that their applications are unsuccessful.**
醫療儀器科將於活動舉行前**二周**截止報名，並於活動舉行前**一周**通知成功申請人。如申請人沒有收到確認通知，則可視作其申請不成功。

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:			
Date of Event 活動日期:			
Full Name (in block letter) 姓名 (正楷全名)		Post 職位	
Contact Person 聯絡人		Organization 機構	
Telephone 電話		Fax 傳真	
Email Address 電郵地址			
<u>Please provide contact information for confirmation of enrolment. Otherwise the application will not be accepted.</u> 請提供聯絡資以便確認報名。否則申請將不被接受。			

(For Official Reply Use Only 只供本辦公室填寫)

Dear Sir/Madam 先生/女士:

No.

Confirmation of Enrolment 報名確認信

- Your enrolment is confirmed.**
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) at 9:00 am or thereafter, the event will be automatically cancelled.**
如活動當天上午 9 時或以後天文台發出(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 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)。

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