

Event Enrolment Form 活動報名表格

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

I would like to enroll in the following event 本人欲報名參加下列活動

Name of Event*活動名稱*:	
Date of Event* 活動日期*:	
Name* <u>(If the event is conducted via Zoom, the name must be the same as the name used in Zoom to join the event)</u> 姓名* <u>(如活動是於 Zoom 進行, 這姓名必須與 Zoom 中使用的姓名相同才能加入活動)</u>	
Post 職位	Email Address# 電郵地址#
Telephone* 電話*	Fax# 傳真#
Organization 機構	
<u>*The information is required. Otherwise the application will not be accepted.</u> <u>*必須填寫, 否則申請將不被接受。</u> <u>#Either email address or fax no. must be provided. Otherwise the application will not be accepted.</u> <u>#必須提供電郵地址或傳真號碼, 否則申請將不被接受。</u>	

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

Dear Sir/Madam 先生/女士:

Confirmation of Enrolment 報名確認信

No.編號:

Your enrolment is confirmed. 已接受你/你們的報名。

Remarks 備註:

Notes 注意:

(1) 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