

Workshop on Application for Listing Class D In Vitro Diagnostic Medical Devices (IVDMD)**- Enrolment Form****介紹如何申請表列 D 級體外診斷醫療儀器的工作坊 - 報名表格**

To 送呈: Department of Health 衛生署

Fax 傳真: (852) 3157 1286

I/We would like to enroll in the workshop on 18 Dec 2009:

本人/我們欲報名參加 2009 年 12 月 18 日的工作坊:

Name 姓名	Will you accept workshop at other time? 是否願意參加其他時段的工作坊?
	Yes 是 / No 否*
	Yes 是 / No 否*
	Yes 是 / No 否*
	Yes 是 / No 否*

* Delete where inappropriate 請刪去不適用者

Organization 機構	
Contact Person 聯絡人	
Telephone 電話	
Fax 傳真	

(For Official Reply Use Only)

Dear Sir/Madam 先生/女士:

No.

Confirmation of Enrolment 報名確認信

- Your enrolment is confirmed. Please attend the workshop on _____.
已接受你/你們的報名，請出席 _____ 的工作坊。
- The workshop is full. Seats in the workshop of _____ are allocated to you instead / You will be notified if we hold similar workshops in the future.
工作坊已額滿。已為你/你們在 _____ 的工作坊預留座位。/如將來再舉辦同類的工作坊，本署會再通知你/你們。

Notes 備註:

- (1) The workshop will be held at 3/F., Lam Tin Polyclinic, 99 Kai Tin Road, Lam Tin, Kowloon from 2:15 p.m. to 5:00 p.m.
工作坊將在九龍藍田啓田道 99 號藍田分科診所 3 樓舉行，時間由下午二時十五分至下午五時正。
- (2) The workshop will be conducted in Cantonese.
工作坊用廣東話進行。
- (3) No parking spaces will be provided. You are requested to use public transport services to the workshop venue.
本署不會向出席者提供車位。請使用公共交通工具前往工作坊會場。
- (4) If, on the date of the workshop, the Tropical Cyclone Signal No. 8 or above or the Rainstorm "BLACK" Warning is issued or still in effect at 12:00 noon, the workshop will be automatically postponed and you will be notified of the revised schedule of the workshop once it is fixed.
如舉辦工作坊當天正午十二時天文台發出或仍然發出八號或更高熱帶氣旋警告信號或黑色暴雨警告，則工作坊會改期舉行，改期的詳情會另行通知。

Department of Health 衛生署

竭誠服務 顧客為本 素質為先***We are committed to providing quality client-oriented service***