

致 To: 衛生署 (經辦人: 王家威先生) DH (Attn: Mr Alfred WONG)  
 電郵 Email: organdonation@dh.gov.hk  
 傳真 Fax: 2591 6127  
 查詢 Enquiry: 2835 1743, 2835 1815  
 截止日期 Deadline: 8/3/2019 (星期五 Fri)

## 報名表格 Enrolment Form

### 「器官捐贈推廣」培訓工作坊 Train-the-trainer Workshop on Organ Donation

(語言 Language: 粵語 Cantonese)

本機構員工希望出席是次培訓工作坊：  
 Our organisation staff would like to attend the workshop:

日期 Date	地點 Venue	參與員工姓名(職銜) Name (post title) of participants:
15/3/2019 (星期五 Fri) 16:30 – 17:30	<b>香港文化中心 AC1 室</b> 地址：九龍尖沙咀梳士巴利道十號 香港文化中心行政大樓四樓(鄰近港 鐵尖東站/尖沙咀站)  <b>Room AC1, Hong Kong Cultural            Centre</b> Address: 4/F, Administration Building, Hong Kong Cultural Centre, 10 Salisbury Road, Tsim Sha Tsui, Kowloon (near Tsim Sha Tsui /East Tsim Sha Tsui MTR Station)	1. _____ (_____) 2. _____ (_____) 3. _____ (_____) 4. _____ (_____) 5. _____ (_____) 6. _____ (_____)

機構名稱 Name of Organisation: \_\_\_\_\_

聯絡人 Contact Person: \_\_\_\_\_ 職銜 Post Title: \_\_\_\_\_

電郵地址 Email Address: \_\_\_\_\_ 聯絡電話 Contact Tel. No.: \_\_\_\_\_

傳真 Fax: \_\_\_\_\_ 日期 Date : \_\_\_\_\_

**\*\*\* 衛生署將以電郵或傳真確認收妥貴機構的報名表格 The Department of Health will send a confirmation to participating organisation by email/fax upon receiving the enrolment form. \*\*\***

\* 所收集之資料將用作確認通知、存檔及統計之用。The information collected will be used for notification of enrolment results, record keeping and compilation of statistics.