



健康教育講座申請表 Health Education Talk Application Form

甲部(由客戶填寫) Part A (Filled by Client)			
機構名稱 Name of Organisation			
聯絡人 Contact Person			
職銜 Position	部門 Department		
聯絡資料 Contact Information	(電話) (Tel.)	(手提) (Mobile)	(傳真) (Fax)
電郵 Email			
通訊地址 Correspondence Address			
遞交申請表日期 Date of Submission	遞交申請表目的 Purpose of Submis		慰取講座資料 eeking Talk Information
選擇「申請講座」之客戶請填寫了	列項目。 Please complete t	the following items if you are applyin	ng for talks.
講座地點 (如與通訊地址不同) Venue (If Different from Correspondence Address)			
講座主題 Topic			
講座日期 Date(s)		(第一選擇) (1st Choice)	(第二選擇) (2 nd Choice)
講座時段 Time		(第一選擇) (1 st Choice)	(第二選擇) (2 nd Choice)
對象 Audience 		出席人數 No. of Attendees	
乙部(由社康填寫) Part B (Filled by UCN)			
講者/工作人員 Speaker(s)/Worker(s)			
所屬部門 Division/Unit		聯絡號碼 Contact No.	
講座收費 Charges		收表日期 Date of Receipt	
備註 Remarks			
Chest Non-Chest	☐Confirm ☐Reject		

請將填妥之表格傳真至 2348-9130 或電郵至 <u>healthtalk@ucn.org.hk</u>。如有其他查詢,請致電 2172-0752 聯絡企業傳訊及公 共關係部。

Please return the completed form via facsimile at 2348-9130 or via email at healthtalk@ucn.org.hk. For any other query, please contact the Corporate Communications & Public Relations division at 2172-0752.

注意事項 Important Notes

- 1) 請提早至少1個月遞交申請表,以兩個講座日期中較早者為準。
 - Please submit this form at least 1 month prior to the earlier of the two proposed dates.
- 2) 敬請客戶提供各項儀器以輔助講座進行。
 - Clients should provide equipment to facilitate the needs of the talk.