

|  |
| --- |
| **Briefing & Sharing Session of TUYF Charitable Trust****TUYF 慈善基金獎學金和助學金簡介及分享會**登 記 表REGISTRATION FORM |

請於**2013**年**4**月**11**日（星期四）前將填妥表格傳真至 2876 2485 或 電郵至 kim.ma@hkcss.org.hk。此表格內填報之個人資料，只供本次簡介及分享會登記用途，本會將以電郵方式確認報名。

Please complete and return this form to the Fax No. 2876 2485 or email to kim.ma@hkcss.org.hk on or before **11 April, 2013 (Thursday)**.The stated personal information will be used for registration of this Briefing & Sharing Session only, and your registration will be confirmed by email.

|  |  |  |
| --- | --- | --- |
| 會議/活動名稱Name of Function | : | Briefing & Sharing Session of TUYF Charitable TrustTUYF 慈善基金獎學金和助學金簡介及分享會 |
| 舉辦日期及時間Date & Time of Function | : | 19/4/2013; 17:30 – 19:00  |
| 地點Venue | : | Rm 203, 2/F, Duke of Windsor Social Service Building15 Hennessy Road, Wanchai香港灣仔軒尼詩道15號溫莎公爵社會服務大廈2樓 202室 |
| 每位登記費用Fee Charged Per Person | : | Nil 全免 |

機構名稱

Name of Agency **:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

會員資料 社聯會員（包括個人會員） □ 非社聯會員 □

Membership Information\*： Member of HKCSS Non-member of HKCSS

(Including Individual Member)

參加者：

Participants：

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | 英文姓名English Name | 中文姓名Chinese Name |
| 1 | Dr / Mr / Mrs / Ms  |  |  |
| 2 | Dr / Mr / Mrs / Ms  |  |  |
| 3 | Dr / Mr / Mrs / Ms  |  |  |
| 4 | Dr / Mr / Mrs / Ms  |  |  |
| 5 | Dr / Mr / Mrs / Ms  |  |  |

請將聯絡人通訊資料填寫於下列表格內。

Please fill in the contact details of the responsible person in the following form.

姓名 Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

職位 Position : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

電話 Telephone No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

傳真 Fax No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

電子郵件 Email Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For enquiries, please contact Ms Kim Ma (Tel: 2876 2476) of The Hong Kong Council of Social Service.

如欲查詢，請向香港社會服務聯會馬歡儀小姐(電話:2876 2476)聯絡。